
Please Keep a Copy of the Entire Application for Your Own Records

US HAEA Scholarship Program Fall 2018

The US HAEA is pleased to provide the opportunity for students to pursue higher education through a scholarship program.

Scholarships will be awarded at the discretion of the Scholarship Committee, an independent adjudicatory board with no HAEA affiliation. HAEA scholarships will be awarded based on a combination of financial need and academic leadership.

Applicants must be enrolled in an undergraduate program or vocational school for the Fall term of 2018. Applicants for the Fall term scholarship must be enrolled in a minimum of 9 credit hours for the Fall 2018 semester.

Important dates:

Applications will be accepted starting January 15, 2018.

Awards will be announced by April 20, 2018

All applications must be emailed by March 23, 2018

APPLICATION INSTRUCTIONS

This form is provided for scholarship applicants who are graduating seniors in high school or **who have NOT yet completed two full semesters of college by September 1, 2018.**

Please complete the entire application form (type or print for legible reproduction.) If something is not applicable, please mark "N/A".

Carefully follow all of the directions provided for each section before submitting your application. Please scan and email your completed application to HAEScholarship@gmail.com

Remember: your application must be emailed by midnight EST on March 23, 2018

All information submitted is for the sole use of the HAEA Scholarship Committee to determine award winners. Information contained and submitted with this application will be kept confidential and will not be used for any other purpose.

**US Hereditary Angioedema Association
2018 Fall Semester
Scholarship Program**

SECTION I STUDENT APPLICATION – Applicant completes this form. (Print or type)
Applicant Data

Name *Last* _____ *M.I.* _____ *First* _____

Address *Street* _____ *City* _____ *State* _____ *Zip* _____

_____/_____/____ (____)____-____-____

Date of Birth Male Female Daytime Phone Number email

High School Record

Name of High School attended / currently attending City State Number of Year(s) Attended

High School Graduation Date (Anticipated)

*(NOTE: If you are a High School graduate already enrolled in a college, you must complete **Section IV** in addition to this section.)*

Do you feel that your grades are an accurate index of your ability? If not, what circumstances do you feel have affected your scholastic record?

Activities Awards and Honors

Please list all **school** activities in which you have participated during high school (i.e., student government, music, etc.) and college, if applicable.

Activity	No. Yrs.	Awards/Honors	Offices Held
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Please list all **community** activities in which you have participated without pay during school (i.e., civic involvement, volunteer work, etc.).

Organization	No. Yrs.	Awards/Honors	Describe Involvement
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Work Experience

Please list all work experience.

Company	Position	Dates		Average Hrs./Week
		From – Mo./Yr.	To – Mo./Yr.	

In 500 words or less, please outline how you deal with life hurdles - especially in terms of living with HAE – and your aspirations for the future.

Certification

I certify that all statements contained in this application are true and correct, that I believe myself eligible, and I hereby apply for a HAEA Scholarship for the Fall 2018 Semester

Signed:

Applicant

Date

Note: Your completed application must be emailed by midnight EST on March 23, 2018
US Hereditary Angioedema Association
2018 Fall Semester

SECTION II – FAFSA AND PHYSICIAN'S STATEMENT

Applicant's Name

Phone Number

FAFSA Summary Report to be submitted with this form as follows:

All Scholarship applicants are required to provide a FAFSA (Free Application for Federal Student Aid) Summary Report.

Please go to <https://fafsa.ed.gov> to begin the FAFSA application. Once completed, FAFSA will email you your Summary Report. Please scan and email your Summary Report along with this application to HAEScholarship@gmail.com.

I have completed my FAFSA application and am including it with this application.

I have completed my *estimated FAFSA form*. I will submit all the tax returns required by FAFSA to them by April 15, 2018. I will submit a revised and final FAFSA to the HAEA Scholarship Committee once received by me. I understand that failure to submit the required information may be cause for withdrawal of any consideration for a scholarship.

Applicant Signature

Date

Physician's Statement

I have attached a statement from my physician stating that I have been diagnosed with Hereditary Angioedema and am being treated by him/her. Note: a physician's statement is required for your application to be considered by the Scholarship Committee.

Applicant Signature

Date

Note: Your completed application must be emailed by midnight EST on March 23, 2018

**US Hereditary Angioedema Association
2018 Fall Semester**

SECTION III- HIGH SCHOOL TRANSCRIPT

Part A: - Applicant completes this part. (*Print or type*)

Applicant's Name

Phone Number

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete the HAEA Scholarship Program Application, this consent form must be signed prior to the school registrar/principal/guidance counselor completing Part B of Section II and Section III of this application.

Applicant's Signature (if 18 or older)

Date

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete the HAEA Scholarship Program application".

Parent's/Guardian's Signature (if not yet 18 years old)

Date

Part B: High School Official completes this part.

Please provide an up-to-date official school transcript for the applicant listed above. Transcript must include most recent semester grades for the 2017-2018 school year for high school seniors and most recent semester completed for high school graduates. Transcripts which do not include these semester grades cannot be considered for the scholarship program.

High School Official:

Print Name

Signature

Date

Title

High School

()
Phone Number

School Address

City

State

Zip

Please scan and email transcript to HAEScholarship@gmail.com

Note: This application must be emailed by midnight EST on March 23, 2018

**US Hereditary Angioedema Association
2018 Fall Semester Scholarship Program**

SECTION IV– COLLEGE TRANSCRIPT FORM (IF APPLICABLE)

Part A: - Applicant completes this section. *(Print or type)*

Applicant's Name

Student ID No.

Phone Number

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete the HAEA Scholarship Program Application, this consent form must be signed.

Applicant's Signature (if 18 or older)

Date

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete the HAEA Scholarship Program application".

Parent's/Guardian's Signature (if not yet 18 years old)

Date

Part B: School Official completes this part.

Please provide an up-to-date official school transcript for the applicant listed above.

The transcript must include the first semester grades for the 2017-2018 school year. The student's transcript will not be considered if the first semester grades are not included.

Cumulative grade point average _____/4.0 scale. ***If grading scale is other than a 4.0, please include grade comparison explanation.***

School Official:

Print Name

Signature

Date

Title

School Name

()
Phone Number

School Address

City

State

Zip

Please scan and email transcript to HAEScholarship@gmail.com

Note: This application must be emailed by midnight EST on March 23, 2018

**US Hereditary Angioedema Association
2018 Fall Semester**

SECTION V – REFERENCES

Part A: - Applicant completes this section. *(Print or type)*

Applicant's Name

Phone Number

Part B: - A counselor, administrator or member of the faculty completes this section.

Please complete this form, scan and email it to HAEScholarship@gmail.com

(If you know the applicant well enough, it would be very helpful to the Committee if you could offer a brief example of the student's actions or behavior that leads you to the rating you assign below.)

The applicant's choice of a post-secondary education program is

- Extremely Appropriate Very Appropriate Moderately Appropriate Inappropriate No Basis for Judgement

Comments: _____

The applicant's achievements reflect his/her ability

- Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant's ability to set realistic and attainable goals is

- Excellent Good Fair Poor No Basis for Judgement

Comments: _____

The quality of the applicant's commitment to school and community is

- Excellent Good Fair Poor No Basis for Judgement

Comments: _____

The applicant is able to seek, find, and use learning resources

- Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant demonstrates curiosity and initiative

- Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant demonstrates good problem-solving skills, follows through and completes tasks

- Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments: _____

The applicant's respect for others is

- Excellent Good Fair Poor No Basis for Judgement

Comments: _____

The ability of this applicant to assume leadership roles is

- Excellent Good Fair Poor No Basis for Judgement

Comments: _____

The level of maturity displayed by the applicant is

- Excellent Good Fair Poor No Basis for Judgement

Comments: _____

The overall success in higher education predicted for this applicant will probably be

- Excellent Good Fair Poor No Basis for Judgement

Comments: _____

Has the school ever disciplined the applicant? If yes, explain –

No Yes _____

Have the applicant's studies been seriously affected by outside work, illness or other factors? If yes, explain –

No Yes _____

In your opinion, has this applicant been working up to his or her true level of ability?

No Yes _____

SUPPLEMENTAL INFORMATION: Are there any other facts or impressions, which you feel the Scholarship Committee should know about this student? Please feel free to attach any further comments and/or personal recommendations on additional pages.

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School Official Print Name *Signature*

Title

Date

School Name

Phone Number

School Address *City* *State* *Zip*

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