



*Hemophilia Foundation  
of Maryland*

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*Emma Miller, Executive Director*  
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*Proudly Serving the Maryland Bleeding Disorder Community* 

January 5, 2017

Dear Scholarship Applicant,

The Hemophilia Foundation of Maryland (HFM) is pleased to announce the Doug Hiteshew Memorial Scholarship Program for the 2017-2018 school year to honor the memory of Mr. Hiteshew. Mr. Hiteshew believed that education was vital to youth with bleeding disorders.

HFM will award three (3) \$2,500 scholarships to students, who have hemophilia or von Willebrand Disease (vWD) who live in Maryland, or are currently attending a college or vocational school in Maryland.

HFM will also award three (3) \$1,000 scholarships to siblings or child of a parent with hemophilia or von Willebrand Disease (vWD) who live in Maryland.

HFM will also award three (3) \$500 scholarships to parents of a child with hemophilia or von Willebrand Disease (vWD) who live in Maryland.

**Criteria for selection** will be: **1.** academic goals, **2.** transcripts of current academic work, **3.** volunteer work, **4.** recommendation letters, and **5.** essays.

### **Requirements for Application:**

- 1.** The applicant must be a person with hemophilia, vWD, a sibling or child of, or parent of a child with Hemophilia or vWD.
- 2.** The applicant must be a Maryland resident, or student who has attended a Maryland school at least 1 year prior to applying.
- 3.** Applicants who apply may be considering any field of study, but must be entering or attending a community college, junior college, four-year college, university, or vocational school in the fall of 2017.
- 4.** High school transcript, and current school transcript from community college, junior college, college, university, or vocational school, must accompany the

application. If applying for a second year scholarship, current college transcript must accompany the application.

5. Two letters of recommendation, with the recommendation cover sheet for each letter, also completed essays and school transcripts, must accompany the application.

6. Name of the educational institution you will attend, phone number and mailing address for the Office of Registration.

7... If you have any questions, please feel free to contact me at [miller8043@comcast.net](mailto:miller8043@comcast.net).

Enclosed are all the necessary instructions and application forms that must be postmarked by May 1, 2017

**Mail to:** Scholarship, C/O Executive Director, Hemophilia Foundation of Maryland, 13 Class Court, Suite 200, Parkville, Maryland 21234

Once you have postmarked your application, please email [miller8043@comcast.net](mailto:miller8043@comcast.net) , and state that you have submitted an application for the HFM Scholarship.

**Scholarship recipients will be announced in writing by June 15, 2017.**

Sincerely,

Ms. Emma Miller-Clark  
Executive Director  
Hemophilia Foundation of Maryland

## 2017 Doug Hiteshew Memorial Scholarship

**Application** Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of University, College or Vocational School: \_\_\_\_\_

I will be entering the **2017-2018** school year as a: \_\_\_\_\_

Major Field of Interest: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Type of Disorder:  Hemophilia A,  Hemophilia B,  von Willebrand Disease,  
 Other Hemophilia, please specify: \_\_\_\_\_

Other Applicant: Sibling  Yes Child of  Yes Parent of  Yes

### Essay

**Write a minimum 1-page essay on each of following two topics.** Please attach both essays to this application.

1. "What are your career goals and why?"

2. "Describe your previous participation, including volunteer work, with HFM or another chapter and how you plan to contribute (give back) to the Hemophilia Community in the future.

\* Parent applicants please describe past, present, or future involvement with HFM.

### Recommendation Letters

Please obtain a letter of recommendation from two different people who are not family members but who know you well. These individuals could be your HTC doctor or nurse, scout leader, minister, teacher, employer, guidance counselor, sports coach, or neighbor, etc.

### Transcripts

**High school transcripts are needed for all first time applicants** who are high school seniors, college freshmen, sophomores or juniors. If you are **currently attending a college, college transcripts are also required containing grades for the first semester or quarter of the current academic year.** Please attach transcripts to this application. Parent applicants do not need to submit transcripts.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***All Information requested above MUST accompany this application and be postmarked by May 1, 2017 to be considered for the scholarship.***

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**Letter of Recommendation Cover Sheet Number One**  
**Please include completed cover sheet with application.**

Please obtain at least one recommendation from a teacher or family friend and one from a person in the hemophilia community, (i.e.: a physician, nurse coordinator, social worker, etc.).

**Name of applicant:**

\_\_\_\_\_

**Recommendation Letter By:**

Name (please print):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position and/or relationship to applicant:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

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**Letter of Recommendation Cover Sheet Number Two**  
**Please include completed cover sheet with application.**

Please obtain at least one recommendation from a teacher or family friend, and one from a person in the hemophilia community (ie. a physician, nurse coordinator, social worker, etc.).

**Name of applicant:**

\_\_\_\_\_

**Recommendation Letter By:**

Name (please print):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position and/or relationship to applicant:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

# The Hemophilia Foundation of Maryland

## Mission and Goals



*Hemophilia Foundation  
of Maryland*

### ***Our Mission***

The Hemophilia Foundation of Maryland is a private Nonprofit Organization, which devotes its efforts to improving the quality of life for persons affected with bleeding disorders and their complications.

The mission is accomplished through outreach development, educational programs, informational literature, support services and patient referrals.

### **Goals**

- To find a cure for hemophilia which will come through increased funding to support expanded research efforts.
- Assist hemophiliacs, persons with bleeding disorders and/or related problems within the state of Maryland.
- Aid in the education of hemophilia as well as other bleeding disorders and related problems.
- Provide timely and accurate information to the foundation membership, patients, families, medical professionals and the general public.
- To send as many children with bleeding disorders as possible to enjoy a camping experience under proper medical supervision in order for them to maintain a better quality of life.
- Assist in the establishment of facilities for care and treatment of bleeding disorders and related problems.
- Work closely with the staff at The Johns Hopkins Maryland Hemophilia Treatment Center.
- To continue our advocacy for an adequate and safe blood supply for all.

## Check List

1. **Signed Application**
2. **Transcript of current academic work from High School and college if attending or starting.**
3. **Two recommendation letters along with cover sheets**   
Recommendation letters cannot be from family members. Please seek letters from Teachers, Employers, Guidance Counselors, Sport Coaches, HTC Nurses, Doctors or Social Workers
4. **Essays: One page each**   
**Career Goals and Academic Goals**  
**Volunteer Work and plans to contribute to HFM community**
5. **Name of school, phone number, and contact information for the school Registration Office.**