



2017 APPLICATION
SICKLE CELL ALLIANCE FOUNDATION SCHOLARSHIPS

Please type or print all information

SCHOLARSHIP TYPE

Which scholarship are you applying for?

- \$500 - Graduating High School Senior
 \$250 - Existing College/Secondary Education student

CONTACT INFORMATION

NAME: _____
First Last Middle Initial

DATE OF BIRTH: _____
Month Day Year Gender

ADDRESS: _____
Street Address City/State Zip Code

PHONE NUMBER: _____
Home Cell

EMAIL ADDRESS: _____

Name and address of parent(s) or legal guardian(s):
(Include address if different than your own listed above)

NAME: _____
First Last Middle Initial

ADDRESS: _____
Street Address City/State Zip Code

PHONE NUMBER: _____
Home Cell

EMAIL ADDRESS: _____

MEDICAL INFORMATION

Have you been diagnosed with sickle cell disease? _____ Yes _____ No

What type of sickle cell disease? _____

Name of Doctor's Office or Clinic Affiliation: _____

ADDRESS: _____ / PHONE NUMBER: _____

Doctor Name: _____

Doctor Print Name:

Doctor Signature:

EDUCATIONAL INFORMATION

Name of High School Attended/Graduation date: _____

Cumulative Grade Point Average (GPA): _____
Attach proof of GPA.

List any academic honors, awards and membership activities while in high school (or attending college/secondary education institution):

List your hobbies, outside interests, extracurricular activities, school or non-school/college related volunteer activities:

College(s) or Post-High School Training to which you have applied: _____

College(s) or Post-High School Training to which you have been accepted: _____

Intended Major: _____

Expected date of enrollment: _____

REFERENCES

Each applicant must submit two reference letters from non-family members.

ESSAY

Submit a 300-350 word typewritten essay in double-spaced format which should explain the following: 1) How sickle cell disease has affected his/her life and how they manage living with the disease? 2) What should be done to increase the life expectancy of sickle cell patients? (Ex.: how to improve quality of life, elevate awareness, and financial support); and 3) Who in the applicant's life has been instrumental in helping the applicant to persevere?

VOLUNTEER COMMITMENT

Every scholarship winner is required to commit to perform at least 5 hours minimum of their time towards one of the various Sickle Cell Alliance Foundation activities, within one year of receiving the scholarship award.

SUBMISSION REQUIREMENTS

All entries (postmarked, emailed or online) must be received/submitted no later than August 11, 2017 at 11:59pm Eastern Standard Time - NO EXCEPTIONS. Mailed submissions should be addressed to Sickle Cell Alliance Foundation, ATTN: Scholarship Submission, 6225 Colerain Avenue, Suite B, Cincinnati, OH 45239. Emailed submissions should be sent to scafcincinnati@gmail.com and online submissions should be submitted via the provided link on our website. Candidates will be notified of decisions by email. **Recipient must be present at the Cincinnati Children's Hospital Medical Center's Research Day on August 26, 2017** to receive the scholarship award.

I hereby agree to the terms of the Sickle Cell Alliance Foundation Scholarship application process and state that the above information is truthful and current to the best of my knowledge.

Applicant Signature

Date