



## 2019 Sickle Cell Alliance Foundation Scholarships

<p><b>Award Amounts:</b>            \$500 (graduating high school senior)            \$250 (existing college/secondary education student)</p>	<p><b>Awards Available:</b>            See Description Below</p>	<p><b>Deadline:</b>  <b>June 30, 2019</b></p>
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- **Scholarships Description**

The Sickle Cell Alliance Foundation Scholarship has been established to raise awareness among the public concerning the chronic illness, sickle cell disease. Our goal is to help alleviate the financial pressures associated with seeking any form of secondary education, by providing two scholarships totaling \$750 – one for \$500 to a graduating high school senior and one for \$250 to a previously-enrolled college or secondary education student. **Only existing patients at Cincinnati Children’s Hospital Medical Center Hematology and Oncology Blood Disease Center diagnosed with sickle cell disease are eligible to apply.**

- In order to be considered for the scholarship, applicants are required to:

- Submit a 300-350 word typewritten essay in double-spaced format which should explain:
  - How sickle cell disease has affected his/her life and how to cope living with the disease;
  - What should be done to improve the life expectancy of sickle cell survivors to improve quality of life, elevate awareness, and financial support; and
  - Who in the applicant’s life has been instrumental in helping the applicant to persevere.

- If the applicant is a graduating high school senior, he/she must be on schedule to complete all high school credits by **June 2019**, if applicable. If the applicant is an existing college or secondary education student, he/she must be previously-enrolled in a college or secondary education institution for the 2018-2019 school year. Past recipients are not eligible to apply.

- The **recipient must be present at the Cincinnati Children’s Hospital Medical Center Research Day in August (date TBD)**. The winner will be awarded on that day and must be present to receive the scholarship award.

- Every scholarship **recipient is required to commit 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.

- For more information or to apply online, visit [www.scafcincy.com/scholarships](http://www.scafcincy.com/scholarships) .

**Contact:** Sickle Cell Alliance Foundation, 6225 Colerain Avenue, Suite B, Cincinnati, OH 45239  
[scafcincinnati@gmail.com](mailto:scafcincinnati@gmail.com) | 513.813.7223 | [www.scafcincy.com](http://www.scafcincy.com)



**2019 APPLICATION**  
**SICKLE CELL ALLIANCE FOUNDATION SCHOLARSHIP**

*Please type or print all information*

**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: \_\_\_\_\_

## 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):

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

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

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

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Intended Major: \_\_\_\_\_

Expected date of enrollment: \_\_\_\_\_

## REFERENCES

Each applicant must submit one (1) reference letter from a non-family member.

## 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 to cope 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 **Saturday, June 30, 2019 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. The recipient must be present at the Cincinnati Children's Hospital Medical Center Research Day in August (date TBD). The winner will be awarded on that day and must be present to receive the scholarship award. **Past recipients are not eligible to apply.**

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.

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Applicant Signature

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Date