



**Bleeding Disorders Foundation of North Carolina / Optum® Infusion Pharmacy
Education Scholarships**

Fall Semester, 2023
Awards: \$500 to \$3,000

At least one scholarship will be awarded to an applicant pursuing education in a health related field.

Application Submission Deadline: May 15, 2023

Candidates: Scholarships are intended for persons affected by a bleeding disorder*, including anyone who

- ➔ has been diagnosed with a bleeding disorder; **or**
- ➔ is a caregiver of a child or adult affected by a bleeding disorder; **or**
- ➔ has a sibling or parent in the same household affected by a bleeding disorder.

*For the purpose of this scholarship application, the term “bleeding disorder” is limited to clotting factor deficiency disorders, specifically: hemophilia A (factor VIII), B (factor IX), and C (factor XI), von Willebrand Disease, factor V/parahemophilia**, factor VII, factor X, and factor XIII deficiencies. (**Factor V Leiden is a clotting disorder and is not eligible). Exceptions for bleeding disorders that result from other rare diseases may be considered by the scholarship committee on a case-by-case basis.

Applicants must be seeking education from an accredited college, university, or certified training program based in the United States. At least one award will be made to an applicant pursuing education in a health related field.

Awards are primarily merit based, but *financial need will be considered as well.* The applicant is strongly encouraged to include a copy of their current FAFSA (Free Application for Federal Student Aid) or other statement of need with their application package. In the absence of a statement of need, the scholarship review committee will assume that the applicant does not wish to have their financial situation considered in the award process.

All personal information will be treated as completely confidential. The Bleeding Disorders Foundation of North Carolina (BDFNC) and Optum Infusion Pharmacy will never divulge the applicant’s name, address, financial or health-related information to any other organization, company or individual without their express permission. Scholarship winners may be asked (though not required) to submit a photograph and sign a release form for publicity purposes.

This scholarship program is funded by Optum Infusion Pharmacy and administered by the Bleeding Disorders Foundation of North Carolina. Applicants are not required to be—nor is any preference given to—residents of North Carolina.

To obtain an additional application, email hbdp@optum.com, or visit optum.com/hemophilia or bleedingdisordersnc.org/scholarships

Submit completed application, essay, two (2) letters of recommendation, transcript(s), and FAFSA (or other statement of financial need) to:

**BDFNC/Optum Scholarship Committee
Bleeding Disorders Foundation of North Carolina
260 Town Hall Drive, Suite A
Morrisville, NC 27560**

*email: scholarships@bleedingdisordersnc.org
fax: 919-319-0016*

**Bleeding Disorders Foundation of North Carolina / Optum® Infusion Pharmacy
Education Scholarships**

Application Form

page 1

 PLEASE TYPE OR PRINT:

NAME: (LAST) _____ (FIRST) _____ (MI) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

List all persons living in your household (including yourself):

Name	Age	Relationship	Bleeding Disorder?	Type of Bleeding Disorder
		<i>self</i>	<input type="checkbox"/> YES / <input type="checkbox"/> NO	
			<input type="checkbox"/> YES / <input type="checkbox"/> NO	
			<input type="checkbox"/> YES / <input type="checkbox"/> NO	
			<input type="checkbox"/> YES / <input type="checkbox"/> NO	
			<input type="checkbox"/> YES / <input type="checkbox"/> NO	
			<input type="checkbox"/> YES / <input type="checkbox"/> NO	
			<input type="checkbox"/> YES / <input type="checkbox"/> NO	
			<input type="checkbox"/> YES / <input type="checkbox"/> NO	

Name, address and phone number of your hematologist(s) or treatment center:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____



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Application Form

page 2

EDUCATION:

High School:

NAME: _____

CITY, STATE: _____ YEAR OF GRADUATION OR GED: _____

College: Accepted Currently attending Graduated

NAME: _____ DEGREE: _____

MAJOR/CONCENTRATION: _____ YEAR OF GRADUATION: _____

Graduate or Professional School: Accepted Currently attending

NAME: _____ DEGREE: _____

MAJOR/CONCENTRATION: _____ YEAR OF GRADUATION: _____

Anticipated Career: _____

SIGNATURE: _____ **DATE:** _____

My signature affirms that the information provided in this application is accurate to the best of my knowledge.

ADDITIONAL REQUIRED MATERIALS to be included with this application:

- ✓ **Essay:** Please submit a one- to two-page essay (typed or printed) describing your occupational goals and objectives in life, and how your—or your family’s—experience with a bleeding disorders has affected your choices.
- ✓ **Two (2) letters of recommendation.**
- ✓ **High school and/or college transcripts.**
- ✓ **A statement describing your current financial need** – either a copy of your current FAFSA (Free Application for Federal Student Aid) or an equivalent statement of financial need.

SEND ALL MATERIALS TO:

BDFNC/Optum Scholarship Committee
Bleeding Disorders Foundation of NC
260 Town Hall Drive, Suite A
Morrisville, NC 27560

email: scholarships@bleedingdisordersnc.org
fax: 919-319-0016

All materials must be postmarked no later than May 15, 2023.