

July 1, 2011

Dear Scholarship Applicant,

Factor Support Network is again pleased to offer the Millie Gonzalez Memorial Scholarship this year to WOMEN with hemophilia or von Willebrand Disease. The award this year will be five \$1000 scholarships. This scholarship was established to honor the memory of Millie Gonzalez (1953-2001), who was a firm believer in educational opportunity.

Criteria for selection will be academic goals, volunteer work, school activities, other pertinent experience/achievements, and financial need.

Requirements for Application:

1. Students who apply may be considering any field of study, but must be entering or attending a junior college, four-year college, university, or vocational school in the fall of 2011.
2. The applicant must be a female with hemophilia or von Willebrand Disease (vWD).
3. The applicant must be a U.S. resident.

Enclosed are all the necessary instructions and application forms. Copies of these forms are acceptable. If you have any questions, please feel free to contact me at Scholarships@FactorSupport.com.

All forms must be completed and postmarked by April 30, 2012. Incomplete or late applications will not be eligible for consideration. Scholarship recipients will be announced on the Factor Support Network website July 1, 2012 and notified in writing by July 15, 2012.

On behalf of Factor Support Network and the Scholarship Committee, thank you for your interest in applying for the Millie Gonzalez Memorial Scholarship. Good Luck!

Sincerely,

Linda Leigh Sulzer
Scholarship Committee Liaison

Applicant's Name _____

Factor Support Network

MILLIE GONZALEZ MEMORIAL SCHOLARSHIP

Instructions for Applicants

The following is a checklist for completing the materials required by the scholarship committee. Check each item as you complete it and return this form with your application materials to the scholarship committee.

_____ Complete the Application Form.

_____ Complete the Activity Record.

_____ Complete an essay to include a minimum five sentence paragraph on each of the following topics:

1. **“WHAT ARE MY CAREER GOALS AND WHY”**
2. **“HOW HEMOPHILIA AND/OR vWD HAS AFFECTED MY LIFE**
3. **“DESCRIBE MY EFFORTS TO BE INVOLVED IN THE HEMOPHILIA/vWD COMMUNITY AND WHAT I CAN DO TO EDUCATE MY PEERS AND OTHERS OUTSIDE MY FAMILY ABOUT BLEEDING DISORDERS”**

_____ Submit two recommendation forms from non-family members or see that they are submitted by the April 30, 2012 deadline.

_____ Submit proof of diagnosis from your physician.

_____ Send all materials to one of the following:

- Fax: 805 482-6324
- Email: Scholarships@FactorSupport.com
- Mail: Attn: Scholarship Committee
Factor Support Network
900 Avenida Acaso, Suite A
Camarillo, CA 93012-8749

ALL ITEMS MUST BE POSTMARKED NO LATER THAN APRIL 30, 2012

Note: Applicants are solely responsible for seeing that all required materials are submitted on time.

Factor Support Network

MILLIE GONZALEZ MEMORIAL SCHOLARSHIP

Application for Scholarship

Please Print or Type. Provide any information applicable to your situation.

Name of Applicant _____ Date of Birth _____

Address _____ Home Phone Number _____

City/State/Zip _____

E-MAIL Address _____

Type of disorder: Hemophilia A Hemophilia B von Willebrand Disease
 Other Hemophilia, please specify: _____

Applicant's Current Occupation _____

Father's Occupation _____ Mother's Occupation _____

Last School Attended _____ Year _____

School Address & Phone _____

What schools have you been accepted to: _____

If none, where have you applied? _____

What is your intended major? _____

Have you been offered any other scholarships? _____

If YES, Please List: _____ \$ _____

_____ \$ _____

_____ \$ _____

Other than above, how do you plan to finance the major portion of your college education? _____

I hereby affirm that I intend to enter an accredited school of higher education as a student, and that I propose to use these scholarship funds, if awarded to me, for that purpose. I understand that my enrollment must be completed within the current calendar year.

Applicant's Signature _____

Date _____

Activity Record

Please list all activities that you have been involved in for the last four (4) years. Please reference dates when possible. You may use additional pages if necessary.

SCHOOL ORGANIZATION

ATHLETICS

AWARDS, HONORS, ACHIEVEMENTS

VOLUNTEER WORK

EMPLOYMENT HISTORY

Essay

Write a minimum five sentence paragraph on EACH of the following topics:

1. "WHAT ARE MY CAREER GOALS AND WHY."
2. "HOW HEMOPHILIA AND/OR vWD HAS AFFECTED MY LIFE."
3. "DESCRIBE MY EFFORTS TO BE INVOLVED IN THE HEMOPHILIA/vWD COMMUNITY AND WHAT I CAN DO TO EDUCATE MY PEERS AND OTHERS OUTSIDE MY FAMILY ABOUT BLEEDING DISORDERS"

A typed essay is preferred

Use only one side of each 8½ X 11" sheet of white paper.

Date and sign your essay.

Recommendation Form

This is a recommendation for _____

Please give your honest opinion of the scholarship applicant using the rating chart below. If you are unfamiliar with the applicant's qualifications in a specific category, please leave it blank.

	Outstanding	Above Average	Average	Fair	Comments
Academic Potential					
Attendance					
Leadership					
Initiative					
Dependability					
Integrity					
Enthusiasm					
Attitude Toward Others					
Attitude Toward Self					
Civic Responsibility					
Organization					
Originality					

Make any additional comments or include a letter that may be helpful to the Scholarship Committee in making their decision. _____

How long have you known the applicant? _____ Relationship to the applicant? _____

Your Name _____

Address _____

Street

City

State

Zip

Phone Number/E-Mail Address _____

Fax to: 805 482-6324

Email to: Scholarships@FactorSupport.com

Mail to: Attn: Scholarship Committee

Factor Support Network

900 Avenida Acaso, Suite A

Camarillo, CA 93012-8749

THIS RECOMMENDATION MUST BE POSTMARKED NO LATER THAN April 30, 2012