

July 1, 2009

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 2010.
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](mailto:Scholarships@FactorSupport.com).

All forms must be completed and postmarked by April 30, 2010. Incomplete or late applications will not be eligible for consideration. Scholarship recipients will be announced on the Factor Support Network website July 1, 2010 and notified in writing by July 15, 2010.

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, 2010 deadline.

\_\_\_\_\_ Submit proof of diagnosis from your physician.

\_\_\_\_\_ Send all materials to one of the following:

- Fax: 805 482-6324
- Email: [Scholarships@FactorSupport.com](mailto: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, 2010***

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

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## ATHLETICS

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## AWARDS, HONORS, ACHIEVEMENTS

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## VOLUNTEER WORK

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## EMPLOYMENT HISTORY

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# 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](mailto: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, 2010