Mission

The George and Linda Price Scholarship Fund was developed to offer financial assistance for the pursuit of higher education and to encourage promising candidates to become future leaders in the bleeding disorders community.

Background

The Hemophilia Association of the Capital Area’s George and Linda Price Scholarship was established to honor the generous volunteerism of George and Linda Price. From the time their youngest son, Greg, was diagnosed with hemophilia B, George and Linda were actively involved with the chapter. They both became members of HACA’s Board of Directors in 1984 and served in various capacities on that board until the mid 1990s. Sadly, George passed away in 2015, but Linda is still involved in chapter activities.

Eligibility

People living with a bleeding disorder, their siblings, or their parents who are members of the Hemophilia Association of the Capital Area are eligible to apply. Priority will be given to those members who actively participate in HACA activities and individuals affected with a bleeding disorder.

The applicant’s home must be in Prince Georges or Montgomery County, Maryland, Northern Virginia, or Washington, DC.

For those applying for undergraduate scholarships: Applicants must be high school seniors or college freshman, sophomores or juniors.

For those applying for graduate scholarships: Applicants must be college seniors who are planning to attend graduate school or students who are already enrolled in graduate school.

Members who are pursuing other types of educational training are encouraged to apply as well.

Scholarships

Scholarships are one-year awards in the amount of $3,000 for a full academic year. While two scholarships are available each year, HACA is not obligated to award scholarships in a given year.

If no candidates are deemed acceptable by the Scholarship Committee for the award, no scholarships will be awarded. Likewise, if only one individual is deemed acceptable to the Committee for the award, only one
scholarship will be award. The scholarships may be used at any accredited nonprofit college, university, or vocational/technical school in the United States and are to be applied toward a student’s educational expenses.

A student who receives an award in one year may reapply in later years but winning a scholarship in one year does not necessarily mean that the student will win in a later year. Also, a student who applies in one year and does not receive an award is eligible to apply the following year for the scholarship.

Application Procedure

HACA will announce the beginning of the award competition at the beginning of each calendar year.

Applications are distributed to those who request them by mail or for download from the HACA web site at www.HACAcares.org.

Detailed instructions are contained in the application.

All applications along with supporting documents must be received in the HACA offices by JUNE 1.

Applications and/or supporting documents received after June 1 will not be considered. Incomplete applications will also not be considered.

Transcripts must be send via mail, but recommendation letters, and the application may be sent via email to director@hacacares.org. We realize that in light of the coronavirus pandemic, it may be more difficult to have transcripts sent, and we can evaluate on a case-by-case basis if you have any issues. Please just email and let us know.

Scholarship applicants will be notified of the committee’s findings by July 1.

Payment of Scholarship Funds

Scholarship payments for undergraduate work are made via scholarship checks, payable to the schools, and are sent to the recipients on the following schedule:

- For schools on the semester system, the first check for one half of the award is mailed on or about August 1. The second check for the remainder of the award is mailed on or about December 1.
- For schools on the quarter system, the first check for one third of the award is mailed on or about August 1. The second check for one third of the award is mailed on or about November 1, and the third check for the remainder of the award is mailed on or about February 1.

Scholarship payments for graduate work are made payable to the recipients and are mailed in response to requests for reimbursement for educational expenses incurred by the recipients. Scholarship recipients must present evidence that they have paid the educational expenses in order to be reimbursed, or they may present an invoice from the school as evidence that payment must be made.
Responsibilities of Recipients

Scholarship recipients must enroll as a full-time college student in the fall of the year in which the scholarships are awarded and continue in school for the entire academic year without interruption, barring illness, emergency, or military service. If a scholarship recipient leaves school during the scholarship period, HACA may ask for reimbursement of scholarship funds. Scholarships are not available for part-time students.

Scholarship recipients are responsible for making certain that their scholarship checks are delivered to their colleges. Recipients must provide HACA with the information on where to send the check, as well as other pertinent information such as a student identification number.
Price Scholarship Application and Instructions

Application Instructions - Read very carefully and follow exactly

The following instructions must be followed carefully in order to receive full consideration for a Hemophilia Association of the Capital Area scholarship. Failure to follow instructions can be deemed reason for exclusion from the scholarship competition.

- School Records – Follow the appropriate bullet below regarding school records. For all of the below, please let us know if there are issues getting these records sent because of school closings during the pandemic.
  - HIGH SCHOOL SENIORS: Complete the High School Record Request Form. See that it reaches the office of the high school you are now attending or from which you graduated by May 1. A high school record is required only for high school seniors requesting funds to begin an undergraduate degree program.
  - COLLEGE FRESHMAN, SOPHOMORES AND JUNIORS: If you are a college freshman, sophomore, or junior, attach an Official College Transcript of your college grades to your application. The transcript must contain grades for the first semester or quarter of the current academic year. A grade report is not an official transcript.
  - COLLEGE SENIORS: If you are a college senior planning on graduate studies, enclose an official transcript of your college grades from your freshman year through the first semester or quarter of your senior year in college. Follow the remaining steps below.
  - GRADUATE STUDENTS: If you are already enrolled in graduate school, enclose an official transcript of your undergraduate work and an official transcript of your graduate work through the first semester or quarter of the current academic year. Follow the remaining steps below.

- By May 1, ask two individuals from the selection list to write letters of recommendation for you. Please complete the Letter of Recommendation Cover Sheet and provide one letter of recommendation from a teacher or family friend and one letter of recommendation from an HTC provider, nurse, or social worker or from a chapter staff person. (Total: 2 letters of recommendation)

- Complete the Scholarship Application Form.

- Complete the HACA Activity Form.
a. If this is your first time completing the scholarship form, answer the following question: “What activity would you like HACA to offer which is not currently being offered and why?” Your response should contain a minimum of 200 words.
b. If you are reapplying for the scholarship, answer the following question: “What have you learned or experienced during this past year of school that could be beneficial toward future HACA events?” Your essay should contain a minimum of 200 words.

- Complete the Essay Form. The topic of the essay should be:
  a. If this is your first time completing the scholarship form, answer the following question: “What I have done to contribute to the bleeding disorders community and how I plan to contribute to the bleeding disorders community in the future.” Your essay should contain a minimum of 500 words.
  b. If you are applying for the scholarship for an additional year, answer the following questions: “How did receiving a scholarship from HACA benefit you this past school year, and what have you learned that could be beneficial to the bleeding disorders community in the future?” Your essay should contain a minimum of 500 words.

- Applications and essays may be emailed to director@hacacares.org by May 1. Letters of recommendation may be faxed or emailed. Transcripts should be mailed.

Mail completed application to:

The George and Linda Price Scholarship
HACA
8136 Old Keene Mill Road, Suite A312
Springfield, VA 22152

Forms must be received in the office by June 1
Application Form
To be filled out by student. Please print or type in black ink.

Applicant’s Name: ______________________________________ Date of Birth: ___/___/____

First   Middle Initial   Last

Social Security Number: __________- _________- _____________
If you are not comfortable adding to the application, just put the last four digits and you can provide the rest by phone when needed. Your social security number will not be publicly disclosed; it is requested for application processing only.

Home Address: ____________________________________________

Street/PO Box

City     State     ZIP

Home Telephone Number: __________________________ E-mail: ___________________________

Cell Phone Number: ____________________ Work Phone Number: _________________________

Do you have:  □  Hemophilia A  □  Hemophilia B  □  von Willebrand’s Disease  □  Other __________

I am a _____ sibling or _____ parent of a person with a bleeding disorder.

Check one: I am presently:

□  High School Senior  □  High School Graduate who has not attended college
□  Completed GED  □  College freshman
□  College sophomore  □  College junior
□  College senior planning on graduate studies  □  Graduate student

Next semester, I plan to attend: _______________________________________________________

Name of college, university, vocational/technical school and city/state

I plan to major in: __________________________________________________________________

My long-range career objective is: _____________________________________________________

List all schools attended in grades 9 through 12:

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<thead>
<tr>
<th>Name of High School</th>
<th>City/State</th>
<th>Attendance Dates (year)</th>
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Do you feel that your high school grades were an accurate index of your ability?  □ Yes  □ No

If not, what were the factors that prevented you from doing better? ___________________________
________________________________________________________________________________

If you have already attended college, list all colleges and universities you have attended and dates of attendance. List first the institution you are presently attending or last attended.

<table>
<thead>
<tr>
<th>Name of College/University</th>
<th>City/State</th>
<th>Attendance Dates (month/year)</th>
</tr>
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<td>4.</td>
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What special recognition have you received for outstanding schoolwork, athletics, community involvement or other extracurricular activities in high school and/or in college?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

FOR GRADUATE STUDENT APPLICANTS ONLY. Please provide information as to your post-undergraduate college work experience.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Release of Information Waiver

I am an individual with a congenital bleeding disorder or a parent or sibling of a person with a bleeding disorder in need of financial assistance to complete vocational, undergraduate, or graduate studies at an accredited institution of higher education. I authorize the release of information to the Hemophilia Association of the Capital Area in order to verify all statements made in this application. I also give permission to use my name/and or photo in HACA’s web site, HACA News, or any other press release that HACA deems appropriate.

Signed: _____________________________________  Date: _____________________________

This year, completed applications can also be emailed to director@hacacares.org. Transcripts can be mailed to:

The George and Linda Price Scholarship
HACA
8136 Old Keene Mill Road, Suite A312
Springfield, VA 22152
HACA Activity Response for George and Linda Price Scholarship

Applicant’s Name: __________________________

Applicant: Use the space below to respond to the following topic. Your answer should be a minimum of 200 words long.

First-time applicants: What activity would you like HACA to offer which is not currently being offered and why?
Reapplying: What have you learned or experienced during this past year of school that could be beneficial toward future HACA events?
Essay for George and Linda Price Scholarship

Applicant’s Name: _______________________

Applicant: Use the space below to respond to the following topic. Your response should be a minimum of 500 words long.

First-time applicants: What I have done to contribute to the bleeding disorders community and how I plan to contribute to the bleeding disorders community in the future.

Reapplying: How did receiving a scholarship from HACA benefit you this past school year, and what have you learned that could be beneficial to the bleeding disorders community in the future?
Letter of Recommendation Cover Sheet

Please obtain at least one recommendation from a teacher or family friend and one from a person in the hemophilia community, i.e.: a physician, nurse coordinator, social worker, or chapter representative. We suggest contacting this person by May 1

Name of applicant: ______________________________________________________________

Recommendation Letter By:

Name (please print): _____________________________________________________________

Signature: ___________________________  Date: ___________________________

Position and/or relationship to applicant: ___________________________________________

Address: ________________________________________________________________________

______________________________________________________________________________

Phone: (_______) _____________________

Please mail, email or fax this completed form along with your letter of recommendation for receipt by June 1, 2020, directly to:

The George and Linda Price Scholarship Program
HACA
8136 Old Keene Mill Road, Suite A312
Springfield, VA 22152

Fax: 540-427-6589
E-mail: director@hacacares.org
Letter of Recommendation Cover Sheet

Please obtain at least one recommendation from a teacher or family friend and one from a person in the hemophilia community, i.e.: a physician, nurse coordinator, social worker, or chapter representative. We suggest contacting this individual by April 15.

Name of applicant: _____________________________________________________________

Recommendation Letter By:

Name (please print): _____________________________________________________________

Signature: ___________________________ Date: ___________________________

Position and/or relationship to applicant: ________________________________________

Address: _____________________________________________________________________

Phone: (________) _____________________

Please mail, email or fax this completed form along with your letter of recommendation for receipt by May 15 directly to:

The George and Linda Price Scholarship Program
HACA
8136 Old Keene Mill Road, Suite A312
Springfield, VA 22152

Fax: 540-427-6589
E-mail: admin@hacacares.org

High School Record Request Form
Instructions to applicant:

High school transcripts are needed for applicants who are high school seniors only.
1. Complete only the “To” and “From” sections of this form.
2. Get the form to your high school guidance office by May 1.

REMEMBER: You are responsible for making sure all requested documents reach HACA.

To: Guidance Office

Name of School: __________________________________________________________ _______________________
Street Address: __________________________________________________________
City/State/Zip: ______________________________________________________________________________________
Phone Number: (______) _______________ Contact Name: ____________________________________________

From: Scholarship Applicant

Name: ______________________________________________________________________________________________
Home Address: __________________________________________________________ _______________________
City/State/Zip: ______________________________________________________________________________________
Social Security Number: __________________________ Year of High School Graduation: _________________

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the secondary school record and other requested information.

Applicant’s Signature: ___________________________________ Date: ____________________________

Guidance Counselor:

The student named above is applying for a scholarship. Please follow the instructions below.
1. Fill the boxes below with the requested information.
2. Staple to this form a copy of the applicant’s high school record. Be sure that the applicant’s class rank and test scores appear on the records.
3. Sign the certification statement below.

Check one: □ Public High School □ Private High School □ Special or Magnet School

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<tr>
<th>Class Rank</th>
<th>ACT composite (not percentile)</th>
<th>PSAT Verbal (not percentile)</th>
<th>PSAT Math (not percentile)</th>
<th>SAT Verbal (not percentile)</th>
<th>SAT Math (not percentile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in Class</td>
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</tbody>
</table>

I certify that the above information is correct:

__________________________________________________________________________________________
Counselor’s Signature

Mail this form along with the high school record, for receipt by June 1 to:
George and Linda Price Scholarship - HACA
8136 Old Keene Mill Road, Suite A312
Springfield, VA 22152
Or email to: director@hacacares.org