



NHF Colorado Academic Scholarship Letter of Recommendation

The Colorado Chapter of the National Hemophilia Foundation (NHF Colorado) Academic Scholarship Program started through the generous contributions from Colorado families. The scholarships are available to anyone with a bleeding disorder, immediate family members of those with a bleeding disorder, and immediate family members of those who have died due to complications of a bleeding disorder living in Colorado. The applicant must be in the process of seeking a post-secondary education, which can include a college or university, or a trade school.

NHF Colorado provides two scholarships annually in the amounts of \$1,000 each. An applicant is eligible to receive the grant one time only, but may apply multiple times. NHF Colorado will take a number of factors into consideration when determining the award recipients including academic merit, employment status, narrative and reference letters, financial need, and impact of bleeding disorder on educational activities. Awarded scholarship monies cannot be distributed directly to an individual; if awarded, the NHF Colorado staff will work with the award recipient(s) to process the scholarship funds.

The applications must be received in the NHF Colorado office by **April 1st, 2012**-- no exceptions. NHF Colorado will not accept applications postmarked on the due date. Faxed, illegible and e-mailed applications are not acceptable. Incomplete applications will not be considered. The recipients of the scholarship monies will be notified no later than April 12, 2011. In an effort to ensure confidentiality, applications will be seen by the NHF Colorado staff and application review team members only.

For additional questions, please contact NHF Colorado:

NHF Colorado*
Attn: Academic Scholarship Program
1536 Wynkoop Street Box 26
Denver, CO 80202
info@cohemo.org
www.cohemo.org
(720) 336-0156

**NHF Colorado does not accept FedEx or UPS packages or mailings. Please contact the chapter for more information.*

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LETTER OF RECOMMENDATION

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In writing this letter of reference, please include comments reflecting your knowledge and insight pertaining to the following areas: the individual's educational and career goals, how this individual's bleeding disorder and/family member's bleeding disorder has affected their educational and career goals, how you see this individual utilizing the scholarship, and any other information that you feel would be important for the committee reviewers to know. You may use this form (and the back) or a separate sheet of paper.

Applicant's name:

Your name, title, and mailing address:

Letter of reference narrative:

