



FLORIDA HEMOPHILIA ASSOCIATION

for all bleeding disorders

The Daniel L. Carlin Memorial Scholarship Program

Who is Daniel L. Carlin?

Daniel Carlin was a wonderful young man who will forever be a part of our bleeding disorders community in Florida. He was a friendly, outgoing and very thoughtful person with a big heart who never missed a birthday or anniversary of those most special to him. Daniel had severe hemophilia A and unfortunately passed away in July 2000 at the age of 24 from complications of AIDS. Shortly after their son's passing, Daniel's parents Bob, a former FHA Board Member, and Beth created the scholarship program in his memory. FHA is proud to announce that we will once again be accepting applications for the Daniel L. Carlin Memorial Scholarship.

Complete the application and return it postmarked no later than **Friday, May 21, 2021 11:59PM**.

ELIGIBILITY

- Must be a person with a bleeding disorder **OR** must have an immediate family member with a bleeding disorder; however, priority will be given to those with bleeding disorders
- Must be accepted into an educational/vocational institution and able to provide proof of enrollment
- Must be a resident of, or have permanent address in, one of the following counties
- Priority given to first time applicants
- Priority given to applicants who are actively involved with FHA.

REQUIRED MATERIALS

- Completed Application;
- Two letters of recommendation (teacher, guidance counselor, employer, etc.)
- Official transcript(s);
- Evidence of enrollment at educational/vocational institution.

Application with all required materials must be postmarked no later than May 21, 2021.

Address all applications to:

Florida Hemophilia Association
Attn: DC Scholarship
915 Middle River Dr., Suite 501
Ft. Lauderdale, FL 33304

Applications may be scanned and emailed to: info@floridahemophilia.org with "Daniel L. Carlin Scholarship" in the subject line; please be sure to send over all required documents.

For questions, please email Kim@floridahemophilia.org

**APPLICATION – 2021 Daniel L. Carlin Memorial Scholarship
Florida Hemophilia Association**

Applicant Name:	
Address:	
City/State/ZIP:	
Phone 1:	
Phone 2:	
Email 1:	
Date of Birth:	

I am a...

- Person w/Hemophilia A
 Person w/Hemophilia B
 Person w/Von Willebrand Disease
 Person with Platelet Deficiency
 Spouse/Partner of person with bleeding disorder
 Child of a person with bleeding disorder
 Parent of a Person with bleeding disorder
 Sibling of a Person with bleeding disorder
 Other (please explain):

I am followed by this team for my Bleeding Disorder:

- Arnold Palmer Hospital for Children’s
 Joe DiMaggio Children’s Hospital
 Johns Hopkins All Children’s
 Lee Memorial Hospital
 Nemours Children’s Clinic, Orlando
 St. Joseph’s Hospital Center for Bleeding and Clotting disorders
 Nemours Children’s Clinic, Jacksonville
 Nicklaus Children’s Hospital
 University of Miami HTC
 USF Adult HTC
 University of Florida
 Other (Please list):

My bleeding disorder physician is:

Educational/vocational institution, name and location:	
Began study (mo/yr):	
Expected completion date (mo/yr):	
Courses/semesters needed to finish:	
Cumulative Grade Point Average:	
Major 1:	
Minor 1:	
Major 2:	
Minor 2:	

Funding Sources (how are you paying for tuition, books, room and board, etc.):

Have you previously been a recipient of the Daniel L. Carlin Memorial Scholarship?

No. Yes. Year(s): _____

Why are you pursuing this course of study?

What is your short-term goal (for the next year)?

What are your long-term goals (for the next 2-5 years, or more)?

Why is it important that you attain these goals?

What contributions do you hope to make to your personal development, your family, and your community?

Are you involved with the Florida Hemophilia Association? If so, how?

Please list your school and extracurricular activities, memberships, awards and honors, publications, community service positions, work study programs (you may attach a bio if different than above).

I certify that all the information I have submitted is accurate and true.

Applicant Signature **Printed Name** **Date**

Scholarship Office
Address _____

Student ID _____

*If applicant is under 18, please have parent/guardian sign.

Parent/Guardian Signature **Date**