



FLORIDA HEMOPHILIA ASSOCIATION

for all bleeding disorders

The Daniel L. Carlin Memorial Scholarship Program

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. Florida Hemophilia Association 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 **May 31, 2023 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
- Priority given to first-time applicants
- Priority consideration goes to applicants who are actively involved with the bleeding disorders community (volunteering, advocacy, etc.)

REQUIRED MATERIALS

- Completely filled out application,
- Two letters of recommendation (teacher, guidance counselor, employer, etc.),
- Official transcript(s), and
- Evidence of enrollment at educational/vocational institution.

Application with ALL required materials must be postmarked no later than May 31, 2023.

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 info@floridahemophilia.org.

**APPLICATION – 2023 Daniel L. Carlin Memorial Scholarship
Florida Hemophilia Association**

Applicant Name:	Click or tap here to enter text.
Address:	Click or tap here to enter text.
City/State/ZIP:	Click or tap here to enter text.
Phone 1:	Click or tap here to enter text.
Phone 2:	Click or tap here to enter text.
Email 1:	Click or tap here to enter text.
Date of Birth:	Click or tap here to enter text.

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):

My medical team is:

- Arnold Palmer Hospital for Children’s
 Joe DiMaggio Children’s Hospital
 Johns Hopkins All Children’s
 Nicklaus Children’s Hospital
 St. Joseph’s Hospital Center for Bleeding and Clotting Disorders
 Lee Memorial Hospital
 Nemours Children’s Clinic, Jacksonville
 Nemours Children’s Clinic, Orlando
 University of Miami HTC
 University of South Florida Adult HTC
 University of Florida
 Other (Please list): Click or tap here to enter text.

My bleeding disorder physician is:

Click or tap here to enter text.

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

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

Click or tap here to enter text.

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?

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Why is it important that you attain these goals?

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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).

Click or tap here to enter text.

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

_____ Applicant Signature	Click or tap here to enter text. _____ Printed Name	Click or tap here to enter text. _____ Date
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Scholarship Office Address: Click or tap here to enter text.

Student ID: Click or tap here to enter text.

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

_____ Parent/Guardian Signature	_____ Date
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