



FLORIDA HEMOPHILIA ASSOCIATION

for all bleeding disorders

The Daniel L. Carlin Memorial Scholarship Program

Daniel L. 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 this scholarship program in his memory. Florida Hemophilia Association is proud to announce the opening of the **Daniel L. Carlin Memorial Scholarship Program** for the 2024/2025 academic year.

Complete the application and return it postmarked no later than **May 31, 2024 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 or enrolled in an educational/vocational institution for the 2024/2025 academic year
- 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 (2) Letters of Recommendation (teacher, guidance counselor, employer, etc.),
- Copy of Letter of Acceptance or Proof of Enrollment, and
- Copy of Official Transcript(s).

Application with ALL required materials must be postmarked no later than May 31, 2024.

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 – 2024 Daniel L. Carlin Memorial Scholarship
Florida Hemophilia Association**

Applicant Name:	
Address:	
City/State/ZIP:	
Phone 1:	
Phone 2:	
Email:	
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):

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):

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 bleeding disorders community? 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

Student ID: _____

Scholarship Office Address: _____

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

Parent/Guardian Signature

Date