

FAMOHIO



Les Gutter Memorial Scholarship

2021

In 2013, the Les Gutter Memorial Scholarship was created in memory of Les Gutter, a dedicated treasurer of FAMOHIO for more than twenty years. Les's financial expertise, attention to detail, and strong dedication to the Ohio bleeding disorders community helped ensure the continued success of FAMOHIO, Inc. In addition to Les's financial expertise, he was motivated by a strong spirit of volunteerism. It is to that dedication and spirit of giving that the Les Gutter Memorial Scholarship was created to promote and inspire young persons with bleeding disorders to pursue their career goals through post-secondary education.

The FAMOHIO Les Gutter Memorial Scholarship is open to any person with a bleeding disorder diagnosis, i.e., hemophilia, von Willebrand disease or other inherited bleeding disorders, who receives treatment at a federally recognized hemophilia treatment center (HTC) located in Ohio. The applicant must be currently living in Ohio or within an Ohio HTC's usual geographic area of service. In some cases, the applicant may be living outside of Ohio, although in these circumstances the final determination of the suitability of the applicant will be determined by the FAMOHIO scholarship committee. The applicant must be seeking post-secondary education at a university/college or technical school or be enrolled in a graduate school program.

The minimum of one \$2,000.00 scholarship will be awarded per year. However, funds have been secured for additional scholarships for the 2021-2022 academic year. If an applicant has exceptional qualifications or significant financial need, a scholarship may be considered up to \$4,000.00, dependent on financial resource availability and the discretion of the scholarship committee.

The scholarship applicant's attendance at prior annual FAMOHIO Conferences may be one factor taken into consideration by the scholarship committee. However, such attendance is not mandated. Attendance at the FAMOHIO Conference on the year of the scholarship award is encouraged, so that the awardee may briefly present their intended academic goals to the conference attendees. A brief written review by the scholarship awardee summarizing their progress for the recent academic year, along with future academic plans, is encouraged. This summary is to be submitted to the scholarship committee at the end of the academic year. Such a summary is required if the student wishes to apply for a subsequent FAMOHIO scholarship.

The scholarship application and supporting documents must be submitted by July 12, 2021. The decision by the scholarship committee will be announced by July 30, 2021. Payment will be made directly to the student's university/college or technical school. The completed application and supporting documentation should be submitted electronically to FAMOHIOInfo@gmail.com. Incomplete scholarship applications will NOT be considered. For questions about the application process, please contact Sandra Hibner at Sandraahibner@gmail.com.

2021 Les Gutter Memorial Scholarship Application

Application Process: Each application must include the following documents, sent together in one package:

- Completed application (listed below)
- Essay (instructions listed below)
- Proof of enrollment or letter of acceptance to a college/university or technical school
- Letter from Hemophilia Treatment Center staff documenting a bleeding disorder diagnosis and that applicant is current with visits/treatment
- Letter of recommendation from a teacher, community member or employer
- Copy of the most recent transcript with cumulative grade point average (GPA)

Deadline: Application and supporting documents must be submitted by July 12, 2021. No incomplete applications will be considered.

Announcement of Scholarship Recipients: Decision by the scholarship committee will be announced by July 30, 2021.

Submission of Application: The completed application and supporting documentation should be submitted electronically to FAMOHIOInfo@gmail.com.

Questions: For questions about the application process, please contact Sandra Hibner at Sandraahibner@gmail.com.

Special Provisions: Payment will be made directly to the student's university/college or technical school.

1. Last Name _____ First Name _____
2. Mailing Address Street: _____
City: _____ State: _____ ZIP: _____
3. Email address _____
Daytime Telephone Number: () _____
Date of Birth: Month _____ Day _____ Year _____
4. High School (if recent graduate), or institution currently attending:
5. I will be a freshman, sophomore, junior, senior, or senior five-year, in a graduate program
(highlight, circle, or underline your choice)
6. Year of anticipated graduation _____
7. Grade Point Average (GPA) _____ (On a 4.0 scale) Attach proof of GAP. Your most recent unofficial or official transcript is required.
8. What is your major/degree? If major is undeclared, state reason.

9. List other financial assistance you will receive per semester:

- A. Other scholarship(s) _____ Amount: _____
B. Student loan(s) _____ Amount: _____

10. Bleeding disorder diagnosis _____

11. Name of federally recognized Ohio Hemophilia Treatment Center

12. List your academic honors, awards and membership activities:

13. List your community service activities, hobbies, outside interests, and extracurricular activities, including those associated with the bleeding disorders community, during your high school/college years:

14. Have you attended FAMOHIO in the past? Would you be willing to attend this year or assist in the planning of the FAMOHIO events in the future?

15. Do you have financial need or extreme challenges? if so, explain in general terms:

16. List your goals and aspirations:

17. **Essay question:** Please limit your response to 400 words or less. Please type your response, double spaced, on a separate sheet/s of paper.

- ***How has a bleeding disorder affected or inspired your decision to further your education?***
- ***What advice you would like to share with younger members of the community regarding living with a bleeding disorder?***

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at an accredited, post-secondary institution before my scholarship funds can be awarded.

Signature: _____ Date: _____