

FAMOHIO



FAMOHIO Les Gutter Memorial Scholarship

Application 2025

In 2013, the Les Gutter Memorial Scholarship was created in memory of Les Gutter, who was the dedicated treasurer of FAMOHIO for more than twenty years. It is to that dedication and spirit of giving that the Les Gutter Memorial Scholarship was created to promote and inspire young people with bleeding disorders to pursue their career goals through post-secondary education.

The FAMOHIO Les Gutter Memorial Scholarship is open to any person with the diagnosis of an inherited bleeding/coagulation disorder, i.e., hemophilia, von Willebrand disease or other inherited coagulation disorder, who receives treatment at a federally recognized hemophilia treatment center (HTC) or from a hematologist 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. The final determination of the suitability of an applicant based on diagnosis or place of residence will be determined by the FAMOHIO scholarship committee. The applicant must be seeking full-time post-secondary education at a university/college or technical school or be enrolled in a graduate school program.

The minimum of one \$2,000 scholarship will be awarded per year for first-time applicants. Depending on the availability of funds, additional scholarships of a minimum of \$1000 may be available to other first-time applicants. If an applicant has exceptional qualifications or significant financial need, a scholarship may be considered up to \$5,000 for first-time applicants, dependent on financial resource availability and the discretion of the scholarship committee.

Priority will be given to students applying for the Les Gutter Memorial Scholarship for the first time. However, students are encouraged to apply for a scholarship in the next and subsequent years. Repeat scholarships of \$1000 or more may be available depending on FAMOHIO funds. A NEW APPLICATION IS REQUIRED for each year that a student applies for funding.

The scholarship applicant's attendance at prior Annual FAMOHIO Conferences is encouraged, and such attendance may be one factor taken into consideration by the scholarship committee. However, such attendance is not mandated. Attendance at the FAMOHIO Conference in the year of the scholarship award is encouraged, so that the awardees may briefly present their intended academic goals to the conference attendees. A brief written review by the scholarship awardee summarizing the student's progress for the recent academic year, along with future academic plans, is encouraged 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 (see application).

The scholarship application and supporting documents must be submitted by May 05, 2025. The decision by the scholarship committee will be announced by May 19, 2025. Payment will be made directly to the student's university/college/graduate school or technical school. The completed application and supporting documentation should be submitted electronically to lesgutterscholarshipfamohio@gmail.com. Incomplete scholarship applications will NOT be considered. For questions about the application process, please contact Sandra Hibner at Sandraahibner@gmail.com

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Application 2025

IMPORTANT DATES

| | |
|---|----------------|
| Call for Applications; Guidance posted on website by... | April 01, 2025 |
| Applications due | May 05, 2025 |
| Decisions made by FAMOHIO Scholarship Committee .. | May 19, 2025 |
| Announcements and Award letters sent by email..... | May 20, 2025 |

Please use the following checklist to ensure required documents are included with your application:

- 🍏 Completed application (link below)
- 🍏 Essay (instructions on link below)
- 🍏 Proof of enrollment or letter of acceptance to a university/college/graduate school or technical school
- 🍏 A **current letter** from an Ohio Hemophilia Treatment Center staff member or hematologist documenting a bleeding disorder diagnosis AND that the applicant is current with visits/treatment.
- 🍏 Letter of recommendation from a teacher, community member or employer (First-time applicants *only*). Letters from family members are NOT acceptable.
- 🍏 Copy of the most recent transcript with cumulative grade point average (GPA)

Please note that FAMOHIO will not be responsible for advising applicants that attachments are missing.

Failure to submit all required attachments will result in rejection of the application

ALL GRANTS ARE SUBJECT TO THE AVAILABILITY OF FUNDS. FAMOHIO RESERVES THE RIGHT TO REDUCE SCHOLARSHIP AMOUNT REQUESTS. Funds provided under this application may not be used for other purposes. At the end of the academic school year unspent funds must be returned to FAMOHIO.

Deadline: Application and supporting documents must be submitted by May 05, 2025. No incomplete applications will be considered.

Announcement of Scholarship Recipients: Decision by the scholarship committee will be announced by May 20, 2025.

Submission of Application: The completed application and supporting documentation should be submitted electronically to lesgutterscholarshipfamohio@gmail.com Please label your supplemental electronic files using your last name and first name initial. For example, Jane Doe would label the files as follows:

FAMOHIO Essay DoeJ.pdf
FAMOHIO Enrollment Proof DoeJ.pdf
FAMOHIO Transcript DoeJ.pdf

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

Questions: For questions about the application process, please contact Sandra Hibner at

[Sandra](#) **FAMOHIO**

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Application 2025

Version: March 25, 2025

SECTION I

1. Last Name _____ First Name _____

2. Mailing Address

Street: _____

City: _____ State: _____ ZIP: _____

3. Applicant's contact information:

Daytime Telephone Number: () _____ Email address: _____

4. Date of Birth: Month _____ Day _____ Year _____

5. High School (if recent graduate), or institution currently attending:

6. College/University/Graduate School/Technical School you will be entering (*please check one*):

☐ Freshman

☐ Sophomore

☐ Junior

☐ Senior

☐ Graduate

7. Name of College/University/Technical School/Graduate School for which scholarship is intended:

8. Will you be taking classes on the main campus or a satellite campus? _____

9. Year of anticipated graduation from College/University/Technical/Graduate School: _____

10. Grade Point Average (GPA): _____ (On a 4.0 scale). Attach proof of GPA. Your most recent unofficial or official transcript is required.

11. What is your major/degree? If major is undeclared, state reason. _____

12. Other than a possible FAMOHIO Scholarship, list other financial assistance you will receive per semester or quarter (if known):

A. Other scholarship(s) _____ Amount: _____

B. Student Loans(s) _____ Amount: _____

13. List any scholarships and year received of any previously awarded scholarships: (If none, state NONE):

14. List your inherited bleeding/coagulation disorder diagnosis:

15. List the name of your Hemophilia Treatment Center or hematologist:

16. List your academic honors, awards, and membership activities. List the years received the award/honor and year(s) of membership activities. (For applicants applying for a Les Gutter Memorial Scholarship for a second or subsequent year only list those for the past year): *Example: Honors: 2020, 2021, 2022, 2023, 2024*

17. 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. List the years of participation. (For applicants applying for a Les Gutter Memorial Scholarship for a second or subsequent year only list those for the past year): *Example: High School Band 2020, 2021, 2022, 2023, 2024*

18. List any employment/jobs you held during the past year. Include approximate dates of employment and approximate hours/week worked.

19. Have you attended FAMOHIO in the past within the last four years? Please list the years of FAMOHIO attendance. Would you be willing to attend this year or assist in the planning of the FAMOHIO events in the future?

20. List the name of the person who will be sending in a recommendation letter on your behalf (required for first-time applicants only). Recommendation letters from relatives are not acceptable.

21. Do you have financial needs or extreme challenges? If so, can you explain in general terms:

22. List your FAFSA score (Free application for Federal Student Aid) if available: _____

23. List your goals, aspirations and choice of major:

**SECTION II**

Essay question: Please limit your response to 600 words or less. Please submit your response as a typed, 12-point font, double spaced essay. Submit an attachment with your scholarship application. Your essay should include the following:

- ***Your career objective***
- ***Why you have chosen this field***
- ***Your personal characteristics that will contribute to your success in attaining your education and career goals***
- ***How has a bleeding disorder influenced your career objective***

NOTE: For applicants applying for a Les Gutter Memorial Scholarship for a second or subsequent year, ***instead of*** the essay questions listed above, please submit a response in 600 words or less, double spaced, on a separate sheet/s of paper to the following:

- ***A brief review summarizing your progress for the recent academic year, along with future academic plans.***
- ***What advice would you be willing to share with younger students preparing to enter college, university, graduate school, or a technical school?***

ACKNOWLEDGEMENT

- 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.
- I hereby affirm that if I withdraw from school within my institution's window to receive a tuition refund, I will return the scholarship to FAMOHIO.
- All applications and communications must come directly from the applicant except for the reference letter. Applications will not be accepted from anyone other than the applicant.
- I hereby acknowledge that the medical information I am providing to FAMOHIO will be shared with the scholarship selection committee as part of the application.

Signature: _____

Date: _____



SECTION III

PERSONAL/PROFESSIONAL REFERENCE FORM

Note to the applicant: Please complete the top portion of this form and then send it to the person who knows you well enough to recommend you for this scholarship. References from family members are not acceptable.

All reference letters must be submitted electronically to lesgutterscholarshipfamohio@gmail.com

Applicant's Name: _____

Applicant's Address: _____

Name of college, university, graduate school, or technical school: _____

Major: _____

* * * * *

Instructions to the Reference: *The person named above is applying for FAMOHIO Les Gutter Memorial Scholarship. The information given in this recommendation will not be available to the above applicant. Please submit to lesgutterscholarshipfamohio@gmail.com*

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Please describe in detail why you are recommending this person for the FAMOHIO Les Gutter Memorial Scholarship. Please comment on the applicant's strengths and weaknesses, intellectual ability, achievement, motivation, ability to work with others, relevant accomplishments, or any other characteristics that would help in determining the merit of this applicant. You may use a separate sheet of paper.

Name of Reference: _____ Title: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____



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Application 2025

SECTION IV

DOCUMENTATION OF A BLEEDING DISORDER BY YOUR HEMATOLOGIST OR TREATMENT CENTER PHYSICIAN/NURSE

Note to the applicant: Please complete the top portion of this form and then send it to the treating hematologist or the nurse who can document your diagnosis of a bleeding disorder.

Applicant should complete the following:

Scholarship applicant's name: _____

Applicant's date of birth (MM/DD/YYYY): _____

Applicant's address: _____ Applicant's email: _____

City: _____ State:: _____ Zip: _____

I hereby acknowledge that the medical information that is being requested from my Hemophilia Treatment Center/Hematologist/nurse will be shared with the scholarship selection committee as part of my application for this scholarship application.

Signature: _____ Date: _____

Note to the hematologist/nurse of record treating the person identified above who is diagnosed with a bleeding disorder:

****** Please email your completed form back to the applicant at their above email address ******

The above-named applicant has applied for a FAMOHIO Les Gutter Memorial Scholarship. Eligibility requires that the scholarship applicant be diagnosed with a documented bleeding disorder, such as hemophilia, von Willebrand Disease, or other bleeding disorder. 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. In addition, the applicant must be pursuing a full-time post-secondary education program at an accredited university/college/technical school or graduate school. They are giving you permission to verify their diagnosis.

Name of person diagnosed with the bleeding disorder: _____

Bleeding Diagnosis and Clinical Severity: _____

Is this person an active patient currently receiving treatment at your treatment center/clinic/office:

☐ Yes ☐ No

How long has this person been treated at your treatment center/clinic/office: _____

In your opinion, please comment on the suitability of this applicant for a FAMOHIO Les Gutter Scholarship (please use a separate sheet of paper if desired):

Hematologist/Nurse Name (Include degree: e.g., M.D., D.O., R.N., MSN, etc.):

Name (Print): _____ Title: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

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

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**Les Gutter Memorial Scholarship
Application 2024**

SECTION V

**PROOF OF ENROLLMENT OR LETTER OF ACCEPTANCE TO A UNIVERSITY/
COLLEGE/TECHNICAL SCHOOL OR GRADUATE SCHOOL
TO BE SUBMITTED WITH SCHOLARSHIP PACKET**

SECTION VI

**POINT AVERAGE (GPA) COPY OF THE MOST RECENT TRANSCRIPT WITH CUMULATIVE GRADE
TO BE SUBMITTED WITH SCHOLARSHIP PACKET**