INTERNATIONAL ASSOCIATION OF SICKLE CELL NURSES AND PHYSICIAN ASSISTANTS, INC.

SCHOLARSHIP PROGRAM APPLICATION

The International Association of Sickle Cell Nurses and Physician Assistants, Inc. has established a college scholarship program to assist patients with Sickle Cell Disease who will be attending an institution of higher learning in the United States.

Applicants for IASCNAPA’s $500 Scholarships must have a form of sickle cell disease and be enrolled in, or have been accepted by a recognized and accredited post-secondary school, including college, university, trade school, or other institution of higher learning. Curriculum choice, age, gender, race, ethnic background, religion and political affiliation will not be used in evaluating applications.

An active IASCNAPA member or a sickle cell disease medical provider must sponsor all applicants.

Applications are accepted from March 1 through July 1 of each year. Awards will be given in August of each year.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
PLEASE PRINT OR TYPE ALL INFORMATION ON THIS APPLICATION.

Mail to:

Deborah Boger, RN, CPNP
IASCNAPA Scholarship Committee
Wake Forest Baptist Medical Center
Hematology/Oncology Dept.
Medical Center Blvd Winston-Salem, NC 27157

dboger@wakehealth.edu
Application for academic year: [_______] to [___] Today's Date: ____/____/____ Name: ____________

Social Security Number: ___________ - _____ - _____ Date of Birth: ____/____/____
Address: __________________________________________________________________________
Telephone Number: (_____) ____________

Name of active IASCNAPA Member or Sickle Cell Disease Medical Provider: *(Required)*
________________________________________________________________________

Complete name and address of school and office where scholarship award is to be sent:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date accepted: ____/____/____ *Please attach a copy of your letter of acceptance.

Career objective: __________________________________________________________________
List high school and other schools you have attended. Include name, address,

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One recommendation form must be given to an active member of IASCNAPA or your sickle cell medical provider. It is suggested that the other form be given to a principal, teacher, or counselor who knows you well, your employer or supervisor, or someone in the community who knows you well.

List the names, addresses, email addresses and telephone numbers of the two persons you ask to complete recommendation forms:

<table>
<thead>
<tr>
<th>First Recommendation</th>
<th>Second Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Recommendation</th>
<th>Second Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GENERAL INFORMATION ABOUT APPLICANT

Applicant's Name: ____________________________________________

List all school related expenses for the upcoming academic year:

- Tuition and fees: $__________
- Books and supplies $__________
- Room: $__________
- Board: $__________
- Commuting Expenses: $__________
- Other: (please specify) $__________

Total: $__________

List activities, leadership positions and significant responsibilities in school, community, home, church. Applicants who are employed may use this section to provide additional pertinent information.

____________________________________________________________________________________

____________________________________________________________________________________

List honors (scholastic, citizenship, artistic, etc.), awards, and other forms of recognition received:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Have you received an IASCNAPA award previously? [ ] No [ ] Yes what year: ______

List hobbies and special interests:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Have you been employed during the school year? [ ] No [ ] Yes number of hours/week: ______

Type of job: ________________________________________________________________________

Have you worked summers? [ ] No [ ] Yes Full or part-time? [ ] Full-time [ ] Part-time

Type of work: ______________________________________________________________________

Are you working now? [ ] No [ ] Yes Full or part-time? [ ] Full-time [ ] Part-time

Type of work: ______________________________________________________________________
PERSONAL STATEMENT
Applicant's Name: __________________________________________________________

This portion of the application is intended to assist the Scholarship Committee in obtaining a better sense of you as a person and as a student. You are free to use whatever approach you find most appropriate. The scholarship committee hopes that you will touch upon some or all of the following areas:
1) Factors such as family, culture, education, etc. that have most influenced your development as a person committed to pursuing your educational goals.
2) What impact having Sickle Cell Disease has had upon your life and your choice of career.
3) Your perception of yourself as a member of the profession or career field of which you hope to become a part.
(Please limit your statement to 250 words or less and print or type on this page, front and back, or attach a separate sheet).
Recommendation From Active Member of IASCNAPA or Sickle Cell Disease Medical Provider

Applicant’s Name: ________________________________________________

The above named student is applying for a scholarship from the International Association of Sickle Cell Nurses and Physician Assistants, Inc. (IASCNAPA). These scholarships are available to all individuals with any sickle hemoglobinopathy. Recipients will be selected by the IASCNAPA scholarship committee. Each member of the committee will carefully review all applications.

Scholarship awards will be based upon academic performance and potential. Personal motivation, character, the ability to express himself or herself in writing, and involvement in school and community activities will also be considered in the selection process.

Your assistance in evaluating this applicant will be greatly appreciated. Recommendations are a key part of the application process. Your recommendation should be as carefully prepared and descriptive as possible. Please print or type information, using front and back of this page only or attach a separate sheet.

1. Please confirm sickle hemoglobinopathy by initialing here: _____ and attach laboratory confirmation.

2. How long and in what capacity have you known this applicant?

________________________________________________________________________

3. Please comment upon the strengths and weaknesses of this applicant, which you feel the committee should consider:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. RECOMMENDATION (check one):

[ ] This applicant has my highest recommendation. [ ] I recommend this applicant with some reservations.

[ ] I recommend this applicant with confidence. [ ] I do not recommend this applicant.

Signature: __________________________________________ Date: ______________________
Printed name: __________________________________________ Title: ______________________
Address: __________________________________________ Telephone: (____ ) _________

Please return this form to: Deborah Boger, RN, CPNP
Chair, IASCNAPA Scholarship Committee
Wake Forest Baptist Medical Center
Hematology/Oncology Dept.
Medical Center Blvd
Winston-Salem, NC 27157
dboger@wakehealth.edu

(BY July 1 of the application year.)
IANCA NAPA SCHOLARSHIP APPLICATION ................................ PAGE 5 of 7

RECOMMENDATION

Applicant’s Name: ____________________________________________

The above named student is applying for a scholarship from the International Association of Sickle Cell Nurses and Physician Assistants, Inc. (IASCNAPA). These scholarships are available to all individuals with any sickle hemoglobinopathy. Recipients will be selected by the IASCNAPA scholarship committee. Each member of the committee will carefully review all applications.

Scholarship awards will be based upon academic performance and potential. Personal motivation, character, the ability to express himself or herself in writing, and involvement in school and community activities will also be considered in the selection process.

Your assistance in evaluating this applicant will be greatly appreciated. Recommendations are a key part of the application process. Your recommendation should be as carefully prepared and descriptive as possible. Please print or type information, using front and back of this page only or attach a separate sheet.

1. How long and in what capacity have you known this applicant?

__________________________________________________________________________

2. Please comment upon the strengths and weaknesses of this applicant, which you feel the committee should consider:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

3. RECOMMENDATION (check one):

[ ] This applicant has my highest recommendation. [ ] I recommend this applicant with some reservations.
[ ] I recommend this applicant with confidence. [ ] I do not recommend this applicant.

Signature: ___________________________ Date: ______________________

Printed name: ___________________________ Title: ______________________

Address: ___________________________ Telephone: ( ) ____________

Please return this form to:

Deborah Boger, RN, CPNP
Chair, IASCNAPA Scholarship Committee
Wake Forest Baptist Medical Center
Hematology/Oncology Dept.
Medical Center Blvd
Winston-Salem, NC 27157

dboger@wakehealth.edu

(By July 1 of the application year.)
INTERNATIONAL ASSOCIATION OF SICKLE CELL NURSES AND PHYSICIAN ASSISTANTS, INC.

SCHOLARSHIP PROGRAM
TRANSCRIPT REQUEST

Applicant’s Name______________________________________________________________

TO WHOM IT MAY CONCERN:
I am applying for a scholarship from The International Association of Sickle Cell Nurses and Physician Assistants, Inc. I request that the following information be released to the addressee below:

1. A copy of my complete academic record:
   a) A transcript of work completed, and
   b) A listing of courses in which I am currently enrolled, if applicable.

2. Grade point average:______Class rank:______out of______students.

3. A copy of my Scholastic Aptitude Test scores and other pertinent test scores:
   Please check here if no scores available: [ ]

Must be returned by July 1 of the application year.
Awards will be made in August of that year. Send application information to:

Deborah Boger, RN, CPNP
Chair, IASCNAPA Scholarship Committee
Wake Forest Baptist Medical Center
Hematology/Oncology Dept.
Medical Center Blvd
Winston-Salem, NC 27157
dboger@wakehealth.edu
SCHOLARSHIP APPLICATION
CHECK LIST

Application Form       Page 1
General Information    Page 2
Personal Statement     Page 3
Recommendations:
   IASCNAPA member     Page 4
   Other               Page 5
Transcript request     Page 6

ATTACHMENTS

Copy of letter of acceptance

Transcripts

Signature of Applicant: ___________________________ Date: ____________

*INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED