

# *THE* NATE SLACK SCHOLARSHIP

Dear Scholarship Applicant,

The Nate Slack Scholarship award, presented by HF healthcare, wants to honor memory and a giving spirit of Nate Slack by providing two (2) \$1,000 educational scholarships.

The scholarships are made available to people with hemophilia or a related bleeding disorder, or to a person within the immediate family who is attending or has been accepted to attend a two or four year college or trade school.

Apply by filling out an application and writing about your experience with hemophilia or a related bleeding disorder, involvement in the bleeding disorder community and educational goals.

Nate was very much about helping others and making this world a better place. His work with others in the bleeding disorder community was outstanding. We look forward to reviewing all fully completed applications.

Enclosed are all the necessary instructions and application forms. Copies of these forms are acceptable.

All applications must be completed and postmarked by **May 19<sup>th</sup>, 2017**. Incomplete or late applications will not be accepted. The scholarship recipients will be announced on the HF Healthcare website: [hfhealthcare.com/scholarship](http://hfhealthcare.com/scholarship) and notified in writing no later than **June 16<sup>th</sup>, 2017**.

Thank you for your interest in applying for the Nate Slack Scholarship.

Sincerely,

J.T. White  
Owner/CEO

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## APPLICATION REQUIREMENTS

- Must have hemophilia or a related bleeding disorder OR must be the immediate family member of a person with hemophilia or a related bleeding disorder
- Must be enrolled or accepted to an accredited Junior College, College, University or Trade School
- Applicant must be a U.S. resident

## APPLICATION CHECK LIST

- Completed application
- Letter of verification from your physician, hematologist, treatment center, or nurse
- Recent photograph of yourself
- 500 maximum word essay (please see page 4)
- Letter of recommendation from one of the following: teacher/professor, employer, volunteer coordinator, etc.
- Proof of admission, acceptance, or enrollment to an accredited Junior College, College, University, or Trade School
- Send documents by **May 19<sup>th</sup>, 2017**:
  - Fax: 805.981.1121
  - Mail: ATTN: Scholarship  
HF Healthcare  
411 N Lombard Street Suite B  
Oxnard, CA 93030
  - Email: scholarship@hfhealthcare.com

If you have any questions, please contact us by phone 866.981.1171, fax 805.981.1121 or email scholarship@hfhealthcare.com

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## PERSONAL INFORMATION

Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:			
	<i>Street</i>	<i>City</i>	<i>State/Zip</i>
Phone:		Gender:	DOB:
Email:			
Bleeding Disorder:	<input type="checkbox"/> Hemophilia A <input type="checkbox"/> Hemophilia B <input type="checkbox"/> von Willebrand <input type="checkbox"/> Immediate Family Member		
Severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Inhibitor	Age at diagnosis:	
Physician Name:		Phone Number:	
HTC:			
How did you hear about the Nate Slack Scholarship?			

## EDUCATIONAL INFORMATION

High School:		Graduation Year:	
City:	State:	Zip:	
Plan to attend:	<input type="checkbox"/> University/College <input type="checkbox"/> Jr. College <input type="checkbox"/> Trade School <input type="checkbox"/> Undetermined		
School Name:			
City:	State:	Zip:	
Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you enrolled in classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Enrollment Period: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		Enrollment Year:	
Major:		Minor:	
What year will you enter in next semester? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Expected year of graduation:			



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## MEDICAL VERIFICATION FORM

Dear Applicant,

Please fill out your name and address and give this form to your physician, hematologist, treatment center, or nurse. If you are an immediate family member of someone with hemophilia or a related bleeding disorder, have his or her physician, hematologist, treatment center, or nurse fill out the information below.

Name of Applicant:		
Name of Patient: <i>(If different from applicant)</i>		
Address of Applicant:	Street:	
City:	State:	Zip:

**To be completed by applicant's physician, hematologist, treatment center, or nurse.**

What type of bleeding disorder has this scholarship applicant been diagnosed with?

<input type="checkbox"/> Hemophilia A	Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate	Inhibitor: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hemophilia B	<input type="checkbox"/> Severe	
<input type="checkbox"/> von Willebrand	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3	Other:

Please sign and date:

Printed Name:	Signature:	
Date:	Phone Number:	
Medical Facility Address:		
City:	State:	Zip:
Notes:		

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## APPLICATION CERTIFICATION & RELEASE

HF Healthcare will award the Nate Slack Scholarship. All decisions made by HF Healthcare are final. HF Healthcare does not sell, trade, or otherwise transfer to outside parties your personal information contained in this application. We are HIPPA compliant and will not publish your personal medical information that would violate HIPPA laws. The winners will have their name, photograph and portions of their submitted essay posted publicly on our website.

I have personally signed this Nate Slack Scholarship application offered by HF Healthcare. I hereby verify that all personal information provided is true and correct to the best of my knowledge and I understand that I may be contacted by HF Healthcare to verify any information contained in this application. I also understand that HF Healthcare may contact me to conduct a personal interview.

I agree to all the conditions, and further agree to grant all permission to the Nate Slack Scholarship and HF Healthcare to use any photographs, quotes, statements, and essays, for use in social media, publications, website, promotional materials and advertising for any purpose of announcing the scholarship and its recipients if I should be accepted.

By signing below you agree to the statements and terms listed above.

Printed Name:	Date:
Signature:	

***If under the age of 18 please include parent or guardian's signature:***

Relation to applicant:	
Parent or Guardian Printed Name:	
Parent or Guardian Signature:	
Phone Number:	Date: