



Sickle Cell Disease Association of Broward County, Inc.

Educational Assistance Award Application

Deadline November 14, 2022

NOTE: Please PRINT or TYPE. **(Incomplete application will not be processed)**

Date: _____

1. NAME _____ SSN: _____

2. ADDRESS: _____ APT # _____

3. CITY _____ Zip Code _____ State ____ Phone () _____

4. Date of High School Graduation _____ Current GPA _____

5. College, University or Vocational School in which you are currently enrolled or been accepted

(a) What your major: _____

6. List and describe community service activities in which you participated within the past year

7. List any awards, recognitions or personal achievements received from school or community organization _____

8. Name, address, telephone number of educator or school administrator reference writing letter on your behalf _____

9. List and describe financial assistance amounts currently awarded or you anticipate

TYPE (Loan scholarship, grant, etc)	AMOUNT	PROVIDER	RECEIVED	ANTICIPATED
			YES / NO	YES / NO

10. Describe financial assistance that you will receive from your family toward your education _____

11. In 200 words or more please explain why you feel you should be awarded this scholarship. Please attached a headshot along with 200 words document.

MEDICAL VERIFICATION

This is to verify _____ is under my medical care
(Patient's name)

Has a diagnosis of _____, a form of sickle cell disease

Is _____ or is not _____ approved to attend school _____ full time _____ half time
Other (explain)

Physician's name (print) _____ Physician's signature _____

Address _____ City _____ Sate _____ Phone No _____

APPLICANT'S DECLARATION

I declare that all information reported on this application is true. I also affirm that for the duration of this educational assistance award, I will continue to complete my chosen field of study. I understand that this award is not transferable and should I withdraw from school for any reason, the award will be forfeited. I further understand that upon my written request, medical reasons may be grounds for reconsideration.

Applicant's Signature _____ Date _____

Notary _____

Please Print name _____ Signature _____

Notary Stamp Here:

LOCAL CHAPTER VERIFICATION

CHAPTER _____ Date _____

This is to acknowledge that the Education Assistance Award Application for
_____ has been reviewed and approved for submission
Applicant's name

Please print name _____ Title /Position _____ Signature _____