



## **Henderson Allen Leadership Initiative Scholarship**

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you previously received the Henderson Allen Leadership Initiative Scholarship in the past and if so in what amount? \_\_\_\_\_

### **EDUCATION**

Name the college/university you attend or plan to attend: \_\_\_\_\_

Address: (City/Province): \_\_\_\_\_

Course of Study (Major): \_\_\_\_\_

Are you currently enrolled as a full-time college/university student? Yes \_\_\_\_\_ No \_\_\_\_\_

Student ID# \_\_\_\_\_ What is your expected date/year of graduation? \_\_\_\_\_

Estimated cost of post-secondary education per year: \_\_\_\_\_

Have you made a decision about your future career interest or occupation? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, specify: \_\_\_\_\_



## CHAPTER INVOLVEMENT

Are you actively involved in the chapter? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe your past involvement in the Chapter: \_\_\_\_\_

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## CHECKLIST:

- ◇ Application Form
- ◇ Letter of Acceptance or Proof of Enrollment
- ◇ Proof of Eligibility
- ◇ 500 Word Essay

Amount of Scholarship: \$1500

Due Date: July 15<sup>th</sup>, 2021

E-mail form to: [nschapter@hemophilia.ca](mailto:nschapter@hemophilia.ca)