



## 2019 Ed Magoni Memorial Scholarship Application

Thank you for your interest in the **Ed Magoni Memorial Scholarship**.

Ed Magoni was a patient of the IHTC for 28 years. He was originally diagnosed with severe Hemophilia A in Dayton, Ohio, on his first birthday, despite having no family history. Ed was treated in Pennsylvania and New York before moving to Indiana where Dr. Shapiro and Dr. Greist and their staffs became integral parts of Ed's care and well-being. Ed always knew he could rely on their experience and medical expertise, but most importantly their humanity.

Like you, Ed faced many challenges and he met them head on. For example, his dream of becoming a professional football player was redirected to a career in sports journalism. Ed made many lasting friendships with fellow journalists as well as coaches and athletes. One of Ed's proudest accomplishments was his work with young, aspiring journalists and many of his interns have gone on to have successful careers.

In the same spirit, Ed would be proud to encourage and support young people living with Hemophilia today. For this reason, his family has established the Ed Magoni Memorial Scholarship.

Scholarships will be awarded to those afflicted with a bleeding disorder, including but not limited to von Willebrand's disease, Hemophilia A, or Hemophilia B. The scholarship will be presented to the applicant that provides the best combination of a creative and persuasive essay, excellent recommendations, and superior academic standing.

For the 2019-2020 academic year, Hemophilia of Indiana will award up to \$5,000 in college scholarships, **including vocational schools**.

To be eligible, you must:

- Have been diagnosed with a bleeding disorder, be an Indiana resident attending a school in the United States.

Completed applications must be received via mail or sent via e-mail no later than **May 17, 2019**. It is the applicant's responsibility to make sure that all original transcripts (**copies will not be accepted**) are postmarked by this deadline. **We recommend you request your transcripts from your school no later than April 8, 2019.**

An application is complete when the application form (including education form), essay, completed release form, 2 personal recommendations, and all original transcript documents have been received or sent via e-mail to the program administrator **no later than May 17, 2019**.

## ***Application Instructions***

To complete your application, follow these instructions carefully. If at any time you have questions, please call 317-570-0039 between 9 AM and 5 PM ET or e-mail your questions to [sehnes@hoii.org](mailto:sehnes@hoii.org)

### **1. You will need to have the following available to use during the application process**

- 1 Application Form (includes Education Information)
- 1 Personal Essay Form/Instructions
- 1 Release Form
- 2 Personal Recommendations Forms
- Transcript Request Forms to Send to Your High Schools and Colleges

Before you begin filling out forms, you should make copies of each one for your records.

**2. Complete the Application Form First.** If you are planning to send your application via mail, please use blue or black ink, or type. Please remember to answer all questions. If a section does not apply to you, answer N/A (Not Applicable). Be sure to list all high schools, trade or vocational schools, and colleges you have attended.

**3. Complete the Release Form.** Your name and photo may be used to highlight your inspirational story and academic success in media and materials promoting the scholarship program.

**4. Complete the Personal Essay Form.** The essay is your personal statement and you must write it.

**5. Submit Recommendations.** You will be required to submit a total of 2 recommendations:

- 2 personal recommendations

It is your responsibility to ensure that **all recommendations are received or sent via e-mail no later than May 17, 2019.**

**6. Request Transcripts.** You must complete a Transcript Request Form for every school that you've attended, including high school, trade/vocational school, and colleges. **We recommend that you request transcripts from your school(s) by no later than April 8, 2019. Please provide original transcripts (copies will not be accepted).** Fill out the Transcript Request Form and send it to the school along with a pre-addressed envelope so that the school may mail your transcripts directly to the administrators of the scholarship. If there are fees involved in processing transcripts, be sure to pay them to ensure timely receipt of information.

Scholarships will be awarded based on the decisions of the Hemophilia of Indiana Board of Directors. Decisions will be final and based solely on the materials you submit.

### **Application Submission Options**

E-mail: [sehnes@hoii.org](mailto:sehnes@hoii.org)

Mail: Hemophilia of Indiana / 6910 N. Shadeland Ave. Suite 140/ Indianapolis, IN 46220

## ***Application Form (Page 1 of the Application)***

To be completed by the student applying for the scholarship

Student's name (First Middle Initial Last): \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Do you have: Hemophilia A  Hemophilia B  von Willebrand's Disease  Other

Other Description: \_\_\_\_\_

Which scholarship are you applying for?

- Undergraduate
- Graduate
- Vocational/Trade

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

Street/PO Box/Apt. Unit #

\_\_\_\_\_

City State Zip

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

Email: \_\_\_\_\_

### ***Hemophilia Treatment Information***

Student's Hemophilia Treatment Center: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Hemophilia Physician: \_\_\_\_\_

Sign/Type (student): \_\_\_\_\_ (type)  
\_\_\_\_\_ (Signature)

Date: \_\_\_\_\_

(By signing/typing your name above, you are confirming all the information in this application is accurate and complete)

## ***Education Information (Page 2 of the Application)***

Class Level (as of September 2019):

Freshman  Sophomore  Junior  Senior  Other

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Anticipated Degree: \_\_\_\_\_

Year of Expected Graduation: \_\_\_\_\_

Name of School: \_\_\_\_\_

Are you already accepted?  Yes  No

Write a summary of your educational and/or professional plans for the next 5 years  
(Between 35 and 75 words).

***Education Information Cont. (Page 3 of the Application)***

Write a brief description of how this scholarship will help you achieve your educational objectives (less than 100 words).

***Previous Education Experience (Page 4 of the Application)***

All School Attended (Start with High School)

\*List School Name, City, State

\*Dates Enrolled

\*Degree obtained (Date)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### ***Personal Essay Topic***

Please choose and answer one of the following essay questions (be specific with examples):

- What impact has Hemophilia had on your relationships and interactions with your family and your peers?
- How did you adapt your interests and goals in light of the challenges and/or restrictions presented by Hemophilia?
- What role has the Hemophilia Center played in helping you and your family understand and manage all aspects of life with Hemophilia?

### ***Instructions***

- Write an essay that specifically addresses one of the topics listed above.
- Use no more than 2 typed, double-spaced pages, with a 12-point font, and 1-inch margins.
- Do not include your name on, or in, the pages of the essay, except at the end.
- Type or print your name and date the essay at the end. This indicates you are the author of the essay.

Please submit your Personal Essay, **including all supporting documentation, no later than May 17, 2019.**

### **Personal Essay Submission Options**

E-mail: [sehnes@hoii.org](mailto:sehnes@hoii.org)

Mail: Hemophilia of Indiana / 6910 N. Shadeland Ave. Suite 140 / Indianapolis, IN 46220

## **Release Form**

*We would like to be able to promote the accomplishments of the scholarship applicants in both general and hemophilia-related publications, newspapers, television and radio stations, magazines, and online services. Please sign and return this form with your application.*

By submitting a scholarship application I, \_\_\_\_\_, authorize Hemophilia of  
(Print name legibly)

Indiana, its affiliated companies, successors, licensees, assigns, officers, agents, employees, and those acting with their authority to utilize information submitted with this application with regard to any Hemophilia of Indiana-prepared publicity for the *Judy Moore / Hemophilia of Indiana Scholarship Program*. This includes my name, image, photograph, and likeness of me, the city and the state in which I live, the school I attend, my extracurricular activities, the amount of the scholarship I received, any statements contained in my essay as well as information about my health, including that I have hemophilia, for the purposes of announcing to Hemophilia of Indiana and the public that I have been awarded a *Judy Moore / Hemophilia of Indiana Scholarship*. I understand that I will receive no compensation for use of any of the above information. I also agree to receive all future communications via e-mail.

Name (please print): \_\_\_\_\_

Signature (required): \_\_\_\_\_

Date: \_\_\_\_\_

If the applicant is under the age of 18, please provide parent or lawful guardian's name and signature.

Parent of Guardian Name (please print): \_\_\_\_\_

Signature (required): \_\_\_\_\_

Date: \_\_\_\_\_

## **Release Form Submission Options**

E-mail: [sehnes@hoii.org](mailto:sehnes@hoii.org)

Mail: Hemophilia of Indiana /6910 N. Shadeland Ave. Suite 140/ Indianapolis, IN 46220



## ***Recommendation Form – Personal***

Top Section to be Filled Out by Student

Student's Name: \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

Signed (student): \_\_\_\_\_

Date: \_\_\_\_\_

Recommender: Kindly provide a recommendation for the individual named above by discussing the student's unique qualities. Your recommendation is very important to the student's application. Please use the space below or you may provide a separate letter of recommendation.

Signature of Recommender: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

### **Recommendation Submission Options**

E-mail: [sehnes@hoii.org](mailto:sehnes@hoii.org)

Mail: Hemophilia of Indiana /6910 N. Shadeland Ave. Suite 140/ Indianapolis, IN 46220

## ***Recommendation Form – Personal***

Top Section to be Filled Out by Student

Student's Name: \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

Signed (student): \_\_\_\_\_

Date: \_\_\_\_\_

Recommender: Kindly provide a recommendation for the individual named above by discussing the student's unique qualities. Your recommendation is very important to the student's application. Please use the space below or you may provide a separate letter of recommendation.

Signature of Recommender: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

### **Recommendation Submission Options**

E-mail: [sehnes@hoii.org](mailto:sehnes@hoii.org)

Mail: Hemophilia of Indiana /6910 N. Shadeland Ave. Suite 140/ Indianapolis, IN 46220

## ***Transcript Request Form***

Please send an official copy of my complete transcript to: Hemophilia of Indiana /6910 N. Shadeland Ave. Suite 140/ Indianapolis, IN 46220, to be received by **May 17, 2019**

Thank you for your assistance

Student's Name: \_\_\_\_\_

School's Name: \_\_\_\_\_

Matriculation Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_