



2026 Don Tharp Memorial Scholarship Application

Don Tharp, President and Founder of Tharp Investments Inc. and Tharp Realty Group, was a successful entrepreneur, franchisee, and landlord for numerous businesses and properties throughout Indiana and Illinois.

Don was a wealth of knowledge to everyone he met and truly enjoyed mentoring his employees, tenants, friends, and family. He valued the relationships he built and cherished the connections he made within the real estate community.

One of Don's greatest passions was giving back. Whether through charitable contributions, fundraising efforts, mentorship, or service, he believed strongly in supporting others and investing in his community. Don and his staff were also longtime volunteers and donors to Hemophilia of Indiana, supporting the bleeding disorders community for many years.

Don was proud to be recognized as a preferred developer for companies including CVS Pharmacy, Jiffy Lube, Advance Auto Parts, Burger King, CSL Plasma, Checkers/Rally's, Dollar Tree/Family Dollar, and Starbucks.

Don attended Indiana Business College and believed strongly in the value of education and entrepreneurship.

This scholarship is awarded to Indiana residents diagnosed with a bleeding disorder who are pursuing higher education, including trade schools.

For the 2026-2027 academic year, Hemophilia of Indiana will award up to \$5,000 in scholarships in memory of Don Tharp.

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 29, 2026**. It is the applicant's responsibility to make sure that all original transcripts (**copies will not be accepted**) are postmarked by this deadline.

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 29, 2026**.

HANDWRITTEN APPLICATIONS WILL NOT BE CONSIDERED

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.

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. All applications must be **typed**. 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 type 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 29, 2026.**

6. Request Transcripts. You must complete a Transcript Request Form for every school that you have attended, including high school, trade/vocational school, and colleges. **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 Don Tharp Memorial Scholarship Committee. Decisions will be final and based solely on the materials you submit.

Application Submission Options

E-mail: 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 2026):

Freshman Sophomore Junior Senior Other

Major: _____

Minor: _____

Anticipated Degree: _____

Year of Expected Graduation: _____

Name of School: _____

Are you already accepted? Yes No

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

Previous Education Experience (Page 3 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 answer the following essay question (be specific with examples):

- How will receiving the Don Tharp Scholarship support your educational goals and future career plans?

Instructions

- Type 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 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, 29 2026.**

Personal Essay Submission Options

E-mail: 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 *Don Tharp / 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 *Don Tharp / 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

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: _____

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Recommendation Submission Options

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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 29, 2026**.

Thank you for your assistance.

Student's Name: _____

School's Name: _____

Matriculation Date: _____

Student's Signature: _____

Date: _____