**NHF PT SCHOLARSHIP APPLICATION 2019**

**NHF Bleeding Disorders Conference: Oct 3-5, 2019**

**Application Due Date: May 31, 2019 Notification of Results by: July 31, 2019**

Name (Last, First, Middle, Degree) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Did you apply for this scholarship last year? □ No □ Yes

Did you receive this scholarship in a prior year? □ No □ Yes; year?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended NHF Bleeding Disorders Conference (NHFBDC) before? □ No □ Yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PROFESSIONAL LICENSE**:

|  |  |  |
| --- | --- | --- |
| **Type (PT or PTA)** | **State** | **License #:** |
|  |  |  |
|  |  |  |

**FUNDING:**

|  |  |
| --- | --- |
| **I have funding for:**❏ Registration❏ Travel❏ Lodging **I need funding for:**❏ Registration❏ Travel❏ Lodging  | **Please list all sources of funding that you have already pursued:**1.2.3. |

**BLEEDING DISORDERS KNOWLEDGE (check all that apply):**

|  |  |
| --- | --- |
| **Knowledge Self Rating:**  ❏ None ❏ Basic ❏ Intermediate  ❏ Advanced  ❏ Expert | **Knowledge acquired via (check all that apply, briefly describe):**❏ College/University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❏ Self-learning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❏ Hemophilia Treatment Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❏ Regional Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❏ NHF Annual Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❏ Partners in Bleeding Disorders Education - Basic❏ Partners in Bleeding Disorders Education - Advanced PT❏ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **BLEEDING DISORDERS EXPERIENCE:**

|  |  |  |
| --- | --- | --- |
| **Type** | **Amount** | **Describe** |
| **Personal** | ❏ No❏ Yes❏ Prefer not to answer |  |  |  |
| **Volunteer** | ❏ No❏ Yes |  |  |  |
| **Clinical** | ❏ None❏ < 1 yr❏ 1-5 yrs❏ > 5 yrs❏ < 20 hrs/mo❏ > 20 hrs/mo❏ Non-HTC❏ HTC: \_\_\_\_\_\_\_ |  |  |  |
| **Research** | ❏ No❏ Yes  |  |  |  |
| **Advocacy** | ❏ No❏ Yes |  |  |  |
| **Other** | ❏ No❏ Yes |  |  |  |

**PERSONAL STATEMENT:**

Please attach a personal statement that includes the following:

* Current professional strengths as they relate to the bleeding disorders community
* Specific clinical knowledge and/or skills that you want to improve through participation in the NHFBDC
* Specific PT program enhancements that you want to implement through participation in the NHFBDC
* Anything else that you want to achieve through participation in the NHFBDC

Please limit response to 750 words.

Thank you for your investing your time and talent into the bleeding disorders community. It is greatly appreciated by those you serve!

Applicant Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_