



Sickle Cell Association, Inc.

Sickle Cell Scholarship Program

Name of Sponsor: Sickle Cell Association, Inc.

Information about sponsor: Sickle Cell Alliance Group is the fundraising arm of Sickle Cell Association, Inc. Sickle Cell Alliance Group is responsible for all events sponsored by Sickle Cell Association, Inc. The Group was re-organized in June 2015.

Award: Up to \$2,000

Eligibility requirements: Applicants must be

- Provide proof of diagnose of sickle cell disease;
- Full-time student at a college or accredited college, university, or community college;
- Must be a Virginia resident

Criteria for awarding scholarship: Students must submit an application via online at sicklecellva.org.

How to apply: <http://www.sicklecellva.org/application>

Scholarship deadline: March 1st (Annually)

Contact Information:

Sickle Cell Association, Inc.

Sickle Cell Alliance Group

Attn: Alfred Steward

P. O. Box 4265

Suffolk, Virginia 23439

Phone 757-618-0455

Email: asteward@sicklecellva.org



Sickle Cell Association, Inc.

Sickle Cell Association, Inc. / Sickle Cell Alliance Group Scholarship Application

Thank you for taking time to apply for a Sickle Cell Association, Inc. Scholarship! To ensure we have all the information needed and in the order needed for evaluation, please complete this application in full and follow the instructions along the way.

Once completed, please submit all your information to the Sickle Cell Association Alliance Group as follows:

By Mail: Sickle Cell Alliance Group
ATTN: Scholarship
P. O. box 4265
Suffolk, VA 23439

By Email: scholarship@sicklecellva.org

1. Applicant's Full Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

2. Applicant's Complete Address:

STREET ADDRESS

STREET ADDRESS (SECOND LINE)

CITY STATE/PROVINCE POSTAL CODE/ZIP CODE



Sickle Cell Association, Inc.

PHONE

E-MAIL ADDRESS

3. Date to graduate (or graduated) from high school: _____

4. Date to enter (or entered) college: _____

5. Name of college(s) (currently attending or applying to) and “proof” of or means to verify the accreditation of the college:

6. Number of years of college completed (if any): _____

7. Provide any test scores, such as your official SAT, ACT, or other academic measures. (Please send us a copy of your official scores as soon as you have them.)

Test and Score

Date



8. List your extracurricular activities (include any descriptions or details as attachments):

9. List the names of your references, limited to three (3) total. (Include actual reference letters as attachments, at most 2 pages each, single-spaced, 12-point type; may be less, such as double-spaced, etc.):

10. What is the title of your personal essay? (Include actual essay as an attachment, at most 1 pages, 12-point type; may be less, such as double-spaced, etc.)



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11. Any general comments you wish to include? (You may also include them as an attachment, limited to one page.)

15. I have submitted a photograph to be used if I am selected as a scholarship winner: Yes / No

[Please note: We welcome digital photos.]

16. I have signed and submitted the attached "Assignment of Rights & Consent to Publish Scholarship Information": Yes / No



Sickle Cell Association, Inc.

ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, _____, do hereby give Sickle Cell Association, Inc., Sickle Cell Alliance Group full rights to publish my name, where I live (city, state, and country only; actual street addresses and phone numbers will not be disclosed), my pertinent family information, college I am attending, photographs that I have provided, and college update information.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by Sickle Cell Association, Inc., Sickle Cell Alliance Group, in its print or electronic correspondence, or on its website.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above Information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to “distort” or “falsify” any information provided.)

I understand that this Agreement in no way obligates Sickle Cell Association, Inc., Sickle Cell Alliance Group to publish or use the above-described information.

EXECUTED this date of _____.

By: _____

(Print Name)

(Signature)

Witness: _____

(Print Name)

(Signature)