



Sickle Cell Disease Association of America, Inc.

## KERMIT B. NASH, JR. ACADEMIC SCHOLARSHIP

### SCHOLARSHIP APPLICATION 2008 AWARD

#### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Country of Citizenship \_\_\_\_\_ Language spoken at home \_\_\_\_\_

High School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Primary interests in high school (academic, sports, other) \_\_\_\_\_

Careers/Professional plans: \_\_\_\_\_

Colleges/Professional schools applied to: \_\_\_\_\_

Top choice for college/professional school \_\_\_\_\_

Expected date to begin college/professional school \_\_\_\_\_

Current Grade Point Average \_\_\_\_\_

List any awards/honors you have received during high school \_\_\_\_\_

List any leadership positions you have held during high school \_\_\_\_\_

#### FAMILY INFORMATION

Father's Name \_\_\_\_\_ Living in your household? Yes  No

Father's Occupation \_\_\_\_\_

Father's Address (if different from above) \_\_\_\_\_

High School Graduate Yes  No  College Graduate Yes  No

Mother's Name \_\_\_\_\_ Living in your household? Yes  No

Mother's Occupation \_\_\_\_\_

Mother's Address (if different from above) \_\_\_\_\_

High School Graduate Yes  No  College Graduate Yes  No

List your brothers and sisters:

Name	Age	High School Graduate	Attend College?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FINANCIAL INFORMATION**

List other scholarships for which you have applied, plan to apply or have received \_\_\_\_\_

Estimate the total cost of your education for next year \_\_\_\_\_

List any employment experiences during high school:

Employer and Job Type	Date of Employment	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REQUIRED SUPPORT DOCUMENTATION**

- ◆ Applicants must submit a personal essay, **not to exceed 1,000 words**, on any aspect of their choice, on the impact of sickle cell disease on their lives or on society (**ESSAY MUST BE TYPEWRITTEN**).
- ◆ A current high school transcript (unofficial) and SAT/ACT scores must be submitted with your application. Arrange this in advance with your high school counselor (**SHOULD BE SUBMITTED IN A SEALED SCHOOL ENVELOPE**).
- ◆ Attach a current 5x7 personal photograph (**head shot only**) to your application.
- ◆ Proof of U.S. citizenship and permanent residency (i.e., State-Issued ID, Social Security Card).
- ◆ Include two references with your application, one from your high school counselor (or a teacher that you know well) and one from a person familiar with you for at least two years. Forms are provided for each reference.
- ◆ A letter of certification from your physician verifying that you are an individual with sickle cell disease.

Physician's Phone Number \_\_\_\_\_

Submit all of the above, completed in full, and **postmarked no later than May 30, 2008** to:

**Kermit B. Nash, Jr. Scholarship Committee  
Sickle Cell Disease Association of America, Inc.  
231 E. Baltimore Street, Suite 800  
Baltimore, MD 21202-1314**

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

\_\_\_\_\_  
Parent/Guardian Signature Date

### COMMUNITY SERVICE ACTIVITIES

List your community service activities while in high school. (Please attach additional sheet if additional space is needed). Be sure to name the organizations, cause, person or primary group that benefited. State what you did to contribute.

<u>Dates</u>	<u>Activity</u>	<u>Hours per week</u>	<u>Your Role</u>
<b>Freshman Year</b>			
<b>Sophomore Year</b>			
<b>Junior Year</b>			
<b>Senior Year</b>			

Briefly tell us what you have enjoyed most about your community service:

---

---

---

---

---

---

---

Tell us the qualities you most admire in yourself:

---

---

---

---

---

---

---