



The Calvin Dawson Scholarship Fund

The Calvin Dawson Scholarship Fund was established to honor the memory of the founder and first Executive Director of the Hemophilia Foundation of Greater Florida, now known as the Bleeding Disorders Foundation of Florida. Calvin Dawson was a passionate advocate for the rights of individuals with bleeding disorders, dedicating his life to serving these individuals and their families. The Scholarship Fund continues its mission, aiming to support those with bleeding disorders who are committed to achieving success in life.

Scholarships are available to Florida residents with Hemophilia, von Willebrand disease, and other related hereditary bleeding disorders. These scholarships are intended for high school graduates pursuing post-secondary education at universities, colleges, technical or trade schools, or other certification programs. Scholarships are awarded based on merit, financial need, community service, and the aspirations of the applicant as expressed in an essay. The funds will be disbursed directly to the educational institution the recipient plans to attend.

Please submit your application, transcripts, and three reference forms by April 30, 2025, to the Bleeding Disorders Foundation of Florida at 1350 Orange Ave, Suite 227, Winter Park, FL 32789, or email them to info@bleedingdisordersfl.org. Recipients will be notified by August 2025. Incomplete applications will not be considered.

Application forms can be downloaded from our website: <https://bleedingdisordersfl.org/what-we-do/scholarships/>. If you have any questions about the application process, please contact the Bleeding Disorders Foundation of Florida at 1-800-293-6527 or info@bleedingdisordersfl.org.

Sincerely,
The Bleeding Disorders Foundation of Florida

1350 Orange Ave., Suite 227 • Winter
Park, FL 32789 (407) 629-0000 • Fax
(407) 629-9600 • (800) 293-6527
info@bleedingdisordersfl.org • <https://bleedingdisordersfl.org>

**Bleeding Disorders Foundation of Florida
Calvin Dawson Memorial Scholarship Application**

Please type or print all information in ink. Ensure your application, transcripts, and letter(s) of recommendation are received by April 30, 2025, at THE CALVIN DAWSON MEMORIAL SCHOLARSHIP. You may email these documents to info@bleedingdisordersfl.org or mail them to c/o Bleeding Disorders Foundation of Florida, 1350 Orange Ave, Winter Park, FL 32789. We will contact you to confirm receipt of your application. If you do not hear from us, we recommend following up to ensure your application has been received. For any questions, please call 800-293-6527.

Name: _____
 LAST **FIRST** **MIDDLE**

Home Address: _____ **Phone ()** _____
 STREET **APT#**

 CITY **STATE** **ZIP**

Birth Date _____
 MONTH **DAY** **YEAR**

Email: _____

What type of bleeding disorder do you have?

Hemophilia Treatment Center: _____

HTC/Hematologist contact & phone: _____

Do you feel that your school grades are an accurate index of your ability?

YES _____ **NO** _____

If not, what were the factors that prevent you from doing better?

If you are graduating High School indicate the university, college or school preference you have applied to:

First choice:

Second choice:

If you have been accepted to attend a university, college or trade school, please state:

School: _____ **Beginning year:** _____

Location: _____

If you are currently attending college or trade school, please state the school you are attending: _____

Please circle one

Year: Freshman Sophomore Junior Senior

Other: _____

Location:

Graduation Date:

What major or course study are you pursuing?

Where will you live while attending school?

Home _____ **Dormitory** _____ **Apartment** _____

How do you intend to pay for your studies? (Check all that apply)

Parents _____ **Self** _____ **Loan** _____ **Scholarships** _____ **Other** _____

What special academic honors, awards, recognitions, or scholarships have you received?

What special civic honors, awards, or recognitions have you received?

Have you volunteered for the Bleeding Disorders Foundation of Florida or any other bleeding disorder organization during the 2024/2025 calendar year? If so, when?

What volunteer activities did you participate in? *All applicants must have volunteered with BDFF or another Bleeding Disorder Organization within the 2024/2025 calendar year to be considered.*

List school activities and organizations in which you have participated. List offices or positions held in those organizations.

List civic organizations of which you are/were a member. List community services in which you have volunteered time (within the last 3 years).

What are your favorite recreational activities and hobbies?

Briefly state your occupational objectives and goals in life. How can these be met by the educational program you have planned?

CERTIFICATION

I have personally signed this Calvin Dawson Memorial Scholarship application. I certify that all information and statements contained in this application are true and correct, and that I am a qualified applicant for this scholarship.

Signed: _____ **Date:** _____

CHARACTER REFERENCE

Teacher or Employer

*(Please include **THREE non-relative** character references)*
Application for the Calvin A. Dawson Memorial Scholarship

Note to Applicant: *Please fill out the first four lines and then give this sheet to an unrelated person, teacher, employer who knows you well enough to answer all of these questions. Three Character References are required. (Please make copies of this sheet)*

Name of Applicant:

Address of Applicant:

College/School Applicant plans to attend:

Major course or program applicant plans to take:

What is your relationship to the applicant?

How long have you known the applicant?

Considering your knowledge of this applicant, do you think the applicant will succeed in the school and major area or program that this individual has selected? Why or why not? Please explain.

What are the applicant's strengths?

What are the applicant's weaknesses?

Name of reference: _____ **Title/Position** _____

Address:

Signature _____ **Date:** _____