



## **The Joe Caronna HSC Memorial National Annual Meeting Educational Scholarship**

The purpose of this scholarship is to recognize the relentless efforts of Mr. Joe Caronna who provided the bleeding disorders community and local national Chapters education and communications, dedicated to meeting the emotional, informational and supportive needs of those living with bleeding disorders. Joe was the CEO and founder of *Inalex Communications*. The Company's name was dedicated to his son who lives with hemophilia-Alex. Thus the name, "In-Alex"- Inalex.

Inalex Communications was built around *Building Communities with Hope, Information and Inspiration*. Hemophilia of South Carolina will honor the relationship we had as a Chapter with Joe as he brought his Inalex Communication workshops to our community for many years. He was a man with a deep love and care for our community. He assisted, counseled, and touched the hearts and lives of thousands of individuals in the bleeding disorder community. His laughter, warmth and compassion will always be missed.

Joe, upon his passing, left behind a family and a young adult son, Alex .To honor Joe in the spirit of education and support, HSC will provide annually one young adult between the ages of 18-30 who has a diagnosis of hemophilia, von Willebrand Disease or other bleeding disorder condition and who is a Chapter member of HSC, a scholarship to attend the National Hemophilia Foundation's Annual Meeting.

### **What is provided?**

- Annual Meeting hotel room costs for three nights during the meeting; Thursday, Friday, Saturday
- Travel grant up to \$350.00 to attend the meeting
- Paid registration fee for meeting attendance
- Total cannot exceed \$ 1,500.00

### **Who is eligible?**

- Must be an active registered member of HSC
- Has to have a confirmed diagnosed bleeding disorder
- Must be available to travel alone or may bring a spouse, family member, or other upon their own expense
- Must fill out in full the application form and provide the essay requirement

## **Joe Caronna National Annual Meeting Educational Scholarship Application**

Completed forms must be returned by **May 4, 2020**. Please note that all forms must be completed in their entirety and received on time with no exceptions to be considered. Applications completed by anyone other than the applicant will not be accepted. The recipient of the awards will be *notified no later than May 30, 2020*.

For additional questions, please contact the Chapter.

**Application mailing:**

**Hemophilia of South Carolina**  
**Attn: Joe Caronna Scholarship Award Program**  
**439 Congaree Rd. #5**  
**Greenville, SC 29607**  
Phone: 864.350.9941  
Fax: 864.244.8287  
[info@hemophiliasc.org](mailto:info@hemophiliasc.org)  
[www.hemophiliasc.org](http://www.hemophiliasc.org)

### **SCHOLARSHIP APPLICATION**

***PLEASE ANSWER ALL QUESTIONS***

#### **PERSONAL DATA**

**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Phone # where you may be reached** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Are you dependent upon yourself for all financial needs?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Number living in your household:** \_\_\_\_\_

**Type of hemophilia or bleeding disorder** \_\_\_\_\_

(Mild\_\_\_\_) (Moderate\_\_\_\_) (Severe\_\_\_\_) **Do you have an inhibitor? Yes**\_\_\_\_ **No** \_\_\_\_\_

**If you receive the scholarship award, will you be attending alone or accompanied by another?**

**Alone**\_\_\_\_ **With Another Individual**\_\_\_\_ **If Another Individual, please provide relationship:**

\_\_\_\_\_

**Are you involved with Hemophilia of South Carolina?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Explain how you have been active at Hemophilia of South Carolina?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you want to achieve if chosen to attend the National Hemophilia Foundation Meeting?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions on a separate word document.**

- 1. The most important thing I have learned while living with a bleeding disorder is:**
- 2. If I could give some advice to a newly diagnosed family or individual with a bleeding disorder I would tell them:**
- 3. What would you like to accomplish in your future to assist the hemophilia and bleeding disorder community and/or Hemophilia of South Carolina.**



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**Please sign and return this application with all essay questions to the Chapter in one document.  
Good Luck!**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For Chapter Information Below

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**Reviewed by** \_\_\_\_\_

**Date Application was Received** \_\_\_\_\_

**Rating:** \_\_\_\_\_

**Awarded** \_\_\_\_\_ **Not Awarded** \_\_\_\_\_