

Alaina Kaitlyn Hahn Celebratory Scholarship For Students with Alagille Syndrome (ALGS)



2019 Application Form

(This form and the completed application may be photocopied by the ALGSA)
Please print legibly.

COMPLETION OF ALL PORTIONS OF THE APPLICATION IS NECESSARY FOR CONSIDERATION

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ Birthdate: ____/____/____ (mm/dd/yyyy)

Gender: () M () F

Name of Current School: _____

Address: _____

City: _____ State: _____ Zip: _____

School Phone: (____) _____ FAX: (____) _____

Principal (if applicable): _____

Guidance Counselor (if applicable): _____

Date of High School Graduation: ____/____/____ (mm/dd/yyyy) Cum. GPA _____

Name of University or College Planning to Attend or Currently Attending:

Major or Planned Course of Study: _____

Expected Graduation Date: _____ (month and year)

Address of Financial Aid Office (to which scholarship check, if awarded, should be sent):

City:_____ **State:**_____ **Zip:**_____

University or College Phone: (____)_____ **FAX:** (____)_____

Academic Adviser (if applicable):_____

Registrar or Financial Aid Office Contact (if applicable):_____

First Day of Fall Quarter or Semester Classes: ____/____/____(mm/dd/yyyy)

Fee Payment Deadline: ____/____/____(mm/dd/yyyy)

2019 Application Checklist



SUBMISSION OF ALL OF THE FOLLOWING IS NECESSARY FOR CONSIDERATION

- Completed Application Form
- Official high school and/or university, college or vocational school transcripts from all academic institutions attended
- Letter of acceptance from university, college or vocational school, and proof of enrollment for all terms in the academic year of the award
- Signed letter from the applicant's treating physician verifying that they have ALGS. The treating physician must include his or her Medical Education (ME) number. The ME number is a 10-digit number assigned to every physician in the US by the American Medical Association for identification and recording of basic physician information. To qualify for the award, the applicant must provide permission for the ALGSA Scholarship Committee to confirm their diagnosis with their treating physician.
- Two letters of recommendation from teachers or professors, academic advisors, guidance counselors, or other individuals familiar with your academic potential and likelihood of success in higher education; recommendations from the applicant's family members or employers will not be accepted
- One-to two-page personal statement (maximum of 500 words) discussing some or all of the following:
 - How has being an ALGS Warrior helped you achieve your goals?
 - What are your academic and professional plans?
 - Why are you majoring and intending to pursue a career in human biological, medical, or health sciences?
- 3-minute video recording explaining your proudest moment to date and why you deserve to be the recipient of the Alaina Kaitlyn Hahn Celebratory Scholarship
- 15-minute in-person interview (by phone or skype) with the ALGSA Scholarship Committee