University of Cincinnati

DR. PETER G. RUEHLMAN SCHOLARSHIP APPLICATION

Student Financial Aid 540 University Pavilion Cincinnati, OH 45221-0125

Through the generosity of Dr. and Mrs. Peter G. Ruehlman, the University of Cincinnati is pleased to offer a scholarship to a student living with hemophilia, Von Willebrand disease, or other related bleeding disorders. It is their hope that the recipient will continue his/her quests for knowledge and realize his/her dreams.

This scholarship is available to an undergraduate, graduate, and professional student who is enrolled full-time and matriculating at any college of the University of Cincinnati, including the College of Law and the College of Medicine. The scholarship is valued at \$5,000 per year. Applicants must the following stipulations:

- Student must be in good academic standing with a minimum 3.2 cumulative GPA.
- Student must demonstrate financial need.
- Student must have graduated from a Greater Cincinnati area high school.

The confidential three-part application must be completed by you and a personal or professional reference; this individual may not be a member of your family. All three sections of the application must be submitted together by June 1, 2023, and sent to:

Lisa Burke Student Financial Aid University of Cincinnati P O Box 210125 Cincinnati, OH 45221-0125 Email: Cincinnatus@uc.edu

Fax: 513-556-9171

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SECTION I

| Name | SS# | | |
|---|--|--|--|
| Address | | | |
| City | State Zip | | |
| Phone () | Email | | |
| College | Major | | |
| Class (please check one) Freshman Senior G | | | |
| What type of bleeding disorder have you been diagnosed with? ☐ Hemophilia ☐ Von Willebrand disease ☐ Other | | | |
| Are you affiliated with a National Hemophilia Foundation (NHF) Chapter? ☐ Yes, which one? ☐ No | | | |
| Name of Physician familiar with your bleed | ing disorder | | |
| Address | | | |
| City | State Zip | | |
| Phone () | _ Fax | | |
| SECTION II | | | |
| ESSAY – On a separate sheet of paper, Pleaspaced, one-page essay that includes the fol 1. Your career objective 2. Why you have chosen this field 3. Personal characteristics that will coneducation and career goals Note to Applicant: Please submit this applitagether in order to facilitate processing. | lowing: | | |
| I certify that the information provided in correct. | this scholarship application is true and | | |
| Signature | Date | | |

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Section III

PERSONAL/PROFESSIONAL REFERENCE FORM

Note to the applicant: <u>Please complete the top portion of this form</u> and then give it to the person who knows you well enough to recommend you for this scholarship.

| Applicant's Name | | |
|---|------------|------------------------|
| Address | | |
| College | Major | |
| Note to the reference: Please an applicant by | • | eturn this form to the |
| How long have you known the a | applicant? | |
| And in what capacity? | | |
| Please describe in detail why yo Ruehlman Scholarship. You mapaper. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Name of Reference | | |
| Address | | |
| City | | |
| Phone () | Email | |
| Signature of Reference | | |