



## Tri-State Bleeding Disorder Foundation Scholarships 2023

The board of the Tri-State Bleeding Disorder Foundation (TSBDF) and the members of the scholarship committee acknowledge the many challenges students face during their journey to complete a post-secondary educational program or beyond. It is hoped that the financial assistance provided by the TSBDF Scholarships will help recipients continue their quest for knowledge and the attainment of their dreams.

The TSBDF scholarships are open to any person with a bleeding disorder diagnosis, i.e., hemophilia, von Willebrand disease or other inherited bleeding disorder and their immediate family members living in the same household. The applicant must live within the geographic area served by the TSBDF and be seeking full-time enrollment in post-secondary education at a university/college or technical school or be enrolled as a full-time student in a graduate school program. The TSBDF supports two types of scholarships: The T.D Hughes, Jr. Scholarship, and the Gina Stack Memorial Scholarship. Students may submit scholarship applications in one or both categories if they are eligible. Scholarship applicants may be awarded more than one scholarship in the same year if the scholarship committee deems appropriate. **NOTE: Applicants of the Gina Stack Memorial Scholarship must be pursuing a full-time degree program with a focus on the healthcare or medical profession.**

### **T.D. Hughes, Jr. Scholarship**

T.D. Hughes began working at LaRosa's Pizzeria washing dishes in 1962 and continued there while he attended the University of Cincinnati through 1969. In the mid 1970's he was promoted to the position of General Manager of LaRosa's and held that position until the late 1980's when he became Chief Executive Officer. T.D. retired as the Chairman of the Board of LaRosa's Pizzeria.

More than 30 years ago T.D. joined the board of the Greater Cincinnati/Northern Kentucky Chapter of the National Hemophilia Foundation. He is best known for being a great listener—but beyond that he worked to find a solution to help someone in their time of need. Whether it was finding a patient a new bed to assist in their care or lending support to a family facing a financial crisis, T.D. worked tirelessly to connect those who needed help with those who could solve the problem. And as one past board member suggested, he did it with grace and dignity. T.D. successfully led the merger of the Greater Cincinnati/Northern Kentucky Chapter of the National Hemophilia Foundation and Friends and Families of Hemophilia in 2004. It was at that time that he decided to retire from the Board of Directors. In his honor the Board of Directors created the T.D. Hughes, Jr. Scholarship Fund.

“Give without remembering. Receive without forgetting.”  
- T.D. Hughes

### **Gina Stack Memorial Scholarship**

Gina (pronounced Jenna) began her never-ending devotion to children and their wellbeing as a young child. She began by babysitting, then volunteering her summers at Camp Allen working with handicapped children, followed by a life-long career as a pediatric nurse. Gina graduated with a bachelor's degree in nursing from Vanderbilt University in Nashville, Tennessee. Upon graduating she began working at the Cincinnati Children's Hospital Medical Center (CCHMC) as a clinical nurse.

After getting married Gina moved away from Cincinnati, while continuing her nursing career. In 1980, returning to Cincinnati with her husband and 2-year-old son, she joined Cincinnati Children's, where she spent the rest of her career as a clinical nurse. Gina spent time working in the trach unit, the pediatric primary care outpatient clinic, Home Health Care, and finally the Hemophilia Treatment Center, where she worked as a Nurse Coordinator. It was during her time as the Hemophilia Clinical Nurse Coordinator that she developed her deepest love in helping and caring for children with bleeding disorders and their families.

With a passion for pediatric nursing, Gina explored many different roles within the profession, through the years. She taught nursing students at The Good Samaritan and Jewish Hospitals, worked as a private pediatric home health nurse, and even ran her own daycare center for a few years. Gina was an active member of the Mormon faith, touching and helping many members' lives throughout the years. Her hobbies included cross-stitching, crossword puzzles, gardening, reading, camping, and spending time with her family.

Gina was diagnosed with metastatic melanoma in January 2006 but continued her involvement and dedication to her hemophilia patients and families as her health permitted. Gina's life-journey and mission came to an end on a day that symbolized all that she stood for, on Valentine's Day, February 14, 2007. Throughout her life, Gina worked to help others, while projecting an inner peace and happiness to all who knew her. She left behind a legacy of caring for others, hard work, having fun, and never giving up.

## **UNIVERSITY OF CINCINNATI**

### **Dr. Peter G. Ruehlman Scholarship**

In addition to the two scholarships offered through the Tri-State Bleeding Disorder Foundation, the University of Cincinnati has available the Dr. Peter G. Ruehlman Scholarship. 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 disorder. It is their hope that the recipient will continue his/her quests for knowledge and realize his/her dreams.

The 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 meet 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 the applicant and a personal or professional reference must be included. **The individual may not be a member of the applicant's family.** This application is available on the TSBDF website.



## Tri-State Bleeding Disorder Foundation 2023 SCHOLARSHIP APPLICATION

**T. D. Hughes, Jr. Scholarship.** The value of the T. D. Hughes, Jr. Scholarship Award for 2023 is \$2,500. The recipient of this award must have a documented bleeding disorder, such as hemophilia, von Willebrand Disease or other bleeding disorder, or be an immediate family member of a person with a bleeding disorder. The applicant must live within the 16-county area served by the TSBDF and must be pursuing a full-time post-secondary education program at an accredited university/college or technical school. The T. D. Hughes, Jr. Scholarship may be awarded up to 4 years maximum per applicant. **The applicant must apply every year.**

**Gina Stack Memorial Scholarship.** The value of the Gina Stack Memorial Scholarship Award for 2023 is \$2,500. The recipient of this award must have a documented bleeding disorder, such as hemophilia, von Willebrand Disease or other bleeding disorder, or be an immediate family member of a person with a bleeding disorder. The applicant must live within the 16-county area served by the TSBDF and **must be pursuing a full-time degree program with a focus on the healthcare/medical profession at an accredited university/college.** The Gina Stack Scholarship may be awarded up to 4 years maximum per applicant. **The applicant must apply every year.**

**Application Process:** Each application for the T.D. Hughes, Jr. Scholarship or the Gina Stack Memorial Scholarship must include the following documents:

1. **Completed application**
2. **Essay**
3. **Letter of recommendation or personal reference** from a teacher, community member or employer (not a member of your family). This letter is to be emailed separately to TSBDF by your reference person. Applicant does not have to provide letters of recommendation if they have won or applied for the award previously.
4. **Letter from a hematologist or hemophilia/hematology nurse** documenting a bleeding disorder diagnosis and stating that the applicant is an active patient of the treatment center or hematologist. If the applicant is a family member of a person with a bleeding disorder, documentation of the family member with a bleeding disorder is required. This letter can be emailed separately to TSBDF. Applicant does not have to provide proof of a bleeding disorder if they have won or applied for the award previously.
5. **Proof of enrollment or letter of acceptance** to a college or technical school
6. **Copy of the most recent transcript** with cumulative grade point average (GPA)

**Deadline:** Applications and supporting documents must be submitted electronically by June 1, 2023. The application must be sent from the applicant's personal email address. Applications won't be accepted that come from someone other than the applicant.

**Announcement of Scholarship Recipients:** Decision by the scholarship committee will be announced by July 14, 2023.

**Submission of Application:** The completed application, essay and supplemental materials should be submitted electronically to [Hemophilia@TSBDF.com](mailto:Hemophilia@TSBDF.com). Supplemental materials should be attached as separate electronic documents (for example, pdf files).

**Questions may be directed to** Helen Lamping, 513-961-4366, [Hemophilia@TSBDF.com](mailto:Hemophilia@TSBDF.com)

Scholarship payments will be made directly to the student's university/college or technical school. If you withdraw from school within your institution's window to receive a tuition refund, the scholarship must be returned to TSBDF.



**2023 Tri-State Bleeding Disorder Foundation  
SCHOLARSHIP APPLICATION**

**SECTION I**

1. I am applying for the following scholarship(s) (check scholarship being applied for). Applicant may apply for both scholarships, if eligible.

TD Hughes, Jr Scholarship

Gina Stack Memorial Scholarship

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

3. Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. Applicant's Contact Information:

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

5. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

6. High School (if recent graduate), or institution currently attending:

\_\_\_\_\_

7. Class you will be entering

Freshman

Sophomore

Junior

Senior

Graduate

8. Year of anticipated graduation: \_\_\_\_\_

9. Grade Point Average (GPA): \_\_\_\_\_ (On a 4.0 scale). Attach proof of GPA. Your most recent unofficial or official transcript is required.

10. What is your major/degree? If major is undeclared, state reason.

\_\_\_\_\_

\_\_\_\_\_

11. College/University/Technical School for which scholarship is intended: \_\_\_\_\_

12. List other financial assistance you will receive per semester or quarter:

A. Other scholarship(s) \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_

B. Student Loans(s) \_\_\_\_\_ Amount: \_\_\_\_\_

13. List any scholarships and year received that you were previously awarded from the Tri-State Bleeding Disorders Foundation (if none, state NONE):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Person w/Bleeding Disorder: Self: \_\_\_\_Family Member:\_\_\_\_Relationship to patient: \_\_\_\_\_

15. Name of person w/Bleeding Disorder if other than self: \_\_\_\_\_

16. Bleeding Disorder: \_\_\_\_\_

17. Name of current Hemophilia Treatment Center or Hematologist:

\_\_\_\_\_

18. List your academic honors, awards, and membership activities. For those who have applied previously, only list the past year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. List your references who will be sending in letters on your behalf: \_\_\_\_\_

\_\_\_\_\_

20. List your community service activities, hobbies, outside interests, and extracurricular activities, including those associated with the bleeding disorders community, during your high school/college years. For those who have applied previously, only list past year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Do you have financial need or challenges? If so, please explain in general terms:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. List your goals, aspirations, and choice of major: **NOTE: Applicants of the Gina Stack Memorial Scholarship must be pursuing a full-time degree program with a focus on the healthcare or medical profession.**

\_\_\_\_\_

\_\_\_\_\_



**2023 Tri-State Bleeding Disorder Foundation  
SCHOLARSHIP APPLICATION**

***SECTION II***

**ESSAY:** On a separate sheet/s of paper, please submit your response as a typed, 12-point font, double-spaced essay with a 600-word maximum. Submit as an attachment with your scholarship application. Your essay should include the following:

- Your career objective
- Why you have chosen this field
- Your personal characteristics that will contribute to your success in attaining your education and career goals
- How your bleeding disorder (or your family member's bleeding disorder) influenced your career objective

For applicants applying for a second or subsequent year, instead of questions above please submit a brief review summarizing your progress for the recent academic year along with your future plans. What advice would you be willing to share with younger students preparing to enter college or technical school? This should be submitted on a separate page and be 600 words or less.

***ACKNOWLEDGEMENT***

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at an accredited, post-secondary institution before my scholarship funds can be awarded.

I hereby affirm that if I withdraw from school within my institution's window to receive a tuition refund, I will return the scholarship to TSBDF.

All applications and communications must come directly from the applicant. Applications will not be accepted from anyone other than the applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Tri-State Bleeding Disorder Foundation  
2023 SCHOLARSHIP APPLICATION

**SECTION III**  
**PERSONAL/PROFESSIONAL REFERENCE FORM**

*Note to the applicant: Please complete the top portion of this form and then send it to the person who knows you well enough to recommend you for this scholarship.  
All reference letters must be emailed to [Hemophilia@TSBDF.com](mailto:Hemophilia@TSBDF.com) by June 1, 2023.*

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

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***Instructions to the Reference:** The person named above is applying for a Tri-State Bleeding Disorder Foundation Scholarship. The information given in this recommendation will not be available to the above applicant. Please email to: [Hemophilia@TSBDF.com](mailto:Hemophilia@TSBDF.com).*

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Please describe in detail why you are recommending this person for the Tri-State Bleeding Disorder Scholarship. Please comment on the applicant's strengths and weaknesses, intellectual ability, achievement motivation, ability to work with others, relevant accomplishments, or any other characteristics that would help in determining merit of this applicant. You may use a separate sheet of paper.

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

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_



Tri-State Bleeding Disorder Foundation  
2023 SCHOLARSHIP APPLICATION

**SECTION IV**  
**DOCUMENTATION OF A BLEEDING DISORDER BY HEMATOLOGIST OR TREATMENT CENTER PHYSICIAN/NURSE**

*Note to the applicant: Please complete the top portion of this form and then give it to the treating hematologist or their nurse who can document your diagnosis of a bleeding disorder. If it is your immediate family member who has a bleeding disorder diagnosis, documentation of that family member’s diagnosis and their relationship to you is required.*

*Applicant should complete the following:*

Person diagnosed with bleeding disorder: \_\_\_\_\_

Date of birth of person with bleeding disorder (MM/DD/YYYY): \_\_\_\_\_

Scholarship applicant’s name: \_\_\_\_\_

Scholarship applicant’s address \_\_\_\_\_

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

If the scholarship applicant is not the person with the bleeding disorder, what is the relationship of the scholarship applicant to the person with the bleeding disorder? \_\_\_\_\_

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*Note to the hematologist/nurse of record treating the person identified above who is diagnosed with a bleeding disorder: Please email directly to [hemophilia@tsbdf.com](mailto:hemophilia@tsbdf.com).*

The above-named applicant has applied for a Tri-State Bleeding Disorder Foundation Scholarship. Eligibility requires that the scholarship applicant be diagnosed with a documented bleeding disorder, such as hemophilia, von Willebrand Disease or other bleeding disorder, or be an immediate family member of a person with a documented bleeding disorder. The applicant must live within the 16-county area served by the TSBDF and must be pursuing a full-time post-secondary education program at an accredited university/college or technical school. They are giving you permission to verify their diagnosis, or that of their family member.

Bleeding Diagnosis and Clinical Severity: \_\_\_\_\_

Is this person an active patient currently receiving treatment at your treatment center/clinic/office:

- Yes
- No

How long has this person been treated at your treatment center/clinic/office: \_\_\_\_\_



In your opinion, please comment on the suitability of this applicant for a Tri-State Bleeding Disorder Foundation Scholarship (please use a separate sheet of paper if desired):

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Hematologist/Nurse Name (Include degree: e.g., M.D, D.O., R.N., MSN, etc.):

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_



**Tri-State Bleeding Disorder Foundation  
2023 SCHOLARSHIP APPLICATION**

***SECTION V***

**PROOF OF ENROLLMENT OR LETTER OF ACCEPTANCE TO A COLLEGE OR TECHNICAL SCHOOL – TO BE SUBMITTED WITH SCHOLARSHIP PACKET**

***SECTION VI***

**COPY OF THE MOST RECENT TRANSCRIPT WITH CUMULATIVE GRADE POINT AVERAGE (GPA) – TO BE SUBMITTED WITH SCHOLARSHIP PACKET**