Sangre de Oro, Inc.
Hemophilia Foundation of New Mexico
"JAMES HAMILTON MEMORIAL SCHOLARSHIP FUND"
Scholarship Application Form

This application must be received by August 1st for the Fall semester scholarship and by December 1st for the Spring semester scholarship award

Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) (_____)_____ (W) (_____)_____ (C) (____)_____

E-Mail: _____ Social Security Number: ____-_____-_____

Type of Bleeding Disorder: _____

Birthdate : ____/_____/_____ Drivers License #: _____ State_____

U.S. Citizen: (circle one) YES or NO Alien registration #: _____

Marital Status (circle one) SINGLE MARRIED DIVORCED WIDOWED

Do you have a High School Diploma or GED? _____

What year did you graduate or pass the GED? _____ City_____ State_____

Name of school you will attend: _____

School City: _____ School State: _____

Have you applied for federal aid (FASFA)? (Circle one) YES or NO

(To qualify for SDO scholarship you will need to apply for federal aid. Please send a copy of your FASFA with your SDO scholarship application)

Total amount of other grants and loans you will receive to attend school $_____

What percentage will your parents provide for your educational expenses? _____%

***All information contained herein will be confidential**

Please send your completed application along with other required forms to:
Sangre de Oro, Inc./Hemophilia Foundation of New Mexico
C/O Scholarship Committee
P.O. Box 51494
Albuquerque, New Mexico 87181-1494
Phone: 505-341-9321 or 866-341-9321