



HACA Job Readiness and Career Development Grant

A Program of the Hemophilia Association of the Capital Area

Program Information

Purpose

The HACA Job Readiness and Career Development Grant was created to help HACA members pay for job training programs and/or certification to support their career goals.

Requirements

Members of the Hemophilia Association of the Capital Area who have a bleeding disorder, as well as their siblings, parents or spouses, are eligible to apply. Priority will be given to those members who actively participate in HACA activities and individuals affected with a bleeding disorder.

The applicant's home must be in Prince Georges or Montgomery County, Maryland, Northern Virginia, or Washington, DC.

The amount awarded will be based on the number of qualified applicants chosen. Applicants may apply more than once if continuing studies are required.

Payments will be sent to the institution offering the class or certification. Applicant is responsible for providing HACA with the address where the check is to be mailed, as well as other pertinent identifying information such as student ID number.

Application Procedure

Applications are distributed to those who request them by mail or for download from the HACA web site at www.HACAcare.org.

We take applications at any time, with a deadline of the 15th of the month prior to when the funds are needed.

A complete application must contain the following:

- This completed **application form**.
- **A 750- to 1,500 word essay** that includes both topics:
 - What barriers have you faced in securing financially and physically sustainable employment?
 - What skills will you gain from the training or certification, and how will they help you secure sustainable employment and reach your career goals?
- **A letter of reference**. This can be from a mentor, colleague, teacher, or other person that can attest to your character (except for a family member). Reference letters must be submitted with this application or emailed to director@hacacares.org. A reference letter cover sheet is included in this application.

- **Your resume**
- **Documentation of courses and certification expenses**, including information on sending the payment. This document is included in this application. You must include proof of the cost of the course or certification (screenshot of webpage that shows cost, copy of course description)

Responsibilities of Recipients

Recipients are responsible for making certain that their payments are received by the institution. Recipients must provide HACA with the information on where to send the check, as well as other pertinent information such as a student identification number.

The recipient is responsible for determining the impact of the scholarship or grant on their annual tax returns. For more information, go to <https://www.irs.gov/taxtopics/tc421> or talk to a tax return preparer.

Application Form

Please print or type in black ink.

Applicant's Name: _____ Date of Birth: ___/___/___
First Middle Initial Last

Home Address: _____ Apt/Unit #
Street/PO Box

_____ City State ZIP

Home Telephone Number: _____ E-mail: _____

Cell Phone Number: _____ Work Phone Number: _____

Do you have: Hemophilia A Hemophilia B von Willebrand's Disease Other _____

I am a _____ sibling or _____ parent of a person with a bleeding disorder.

I plan to attend: _____

I will be taking courses in: _____

My long-range career objective is: _____

List all schools attended in grades 9 through 12:

Name of High School	City/State	Attendance Dates (year)
1.		
2.		
3.		

If you have attended college, list all colleges and universities you have attended and dates of attendance:

Name of College/University	City/State	Attendance Dates (month/year)
1.		
2.		
3.		
4.		

Release of Information Waiver

I am an individual with a congenital bleeding disorder or a parent or sibling of a person with a bleeding disorder in need of financial assistance to complete vocational, undergraduate, or graduate studies at an accredited institution of higher education. I authorize the release of information to the Hemophilia Association of the Capital Area in order to verify all statements made in this application. I also give permission to use my name/and or photo in HACA's web site, HACA News, or any other press release that HACA deems appropriate.

Signed: _____ Date: _____

Completed applications can also be emailed to director@hacacares.org

Letter of Reference Cover Sheet

Please obtain from a mentor, colleague, teacher, or other person that can attest to your character (except for a family member).

Name of applicant: _____

Recommendation Letter By:

Name (please print): _____

Signature: _____ Date: _____

Position and/or relationship to applicant: _____

Address: _____

Phone: (_____) _____

This form and the letter can be sent separately by the letter writer.

It can be mailed, faxed or emailed:

Hemophilia Association of the Capital Area
Job Readiness Grant Program
6412 Brandon Avenue, Suite 412
Springfield, VA 22150

Fax: 540-427-6589

E-mail: director@hacacares.org

HACA Job Readiness Grant Documentation of Expenses

Please print or type all information. If space provided is inadequate, please attach additional pages. You must include proof of the cost of the course or certification (screenshot of a webpage that shows cost, copy of course description and cost, plus link to the website, etc.)

APPLICANT

Mr. Mrs. Ms. Other _____ Date of birth _____

First name _____ Last name _____ Middle initial _____

Primary phone _____ Email address _____

Address _____ City _____ State _____ Zip _____

COURSE OR CERTIFICATION

Name of the institute offering the course or certification _____

Name of the course or certification _____

Exact cost of course or certification _____

HACA will pay the institution directly for the cost of the course if possible. If you are selected, we will ask for additional information to facilitate the payment process.