

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



**2017 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):**

## 2017 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.

2 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 (provided on flash drive with application submittal or uploaded to personal YouTube channel with access information) 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 Team