

The William N. Drohan Scholarship
C/O The Coalition for Hemophilia B
757 Third Avenue, 20th Floor, New York, NY 10017 | www.hemob.org

3 CHARACTER RECOMMENDATIONS

1 Teacher, 1 School Administrator (i.e., Guidance Counselor, Principal), 1 Employer or Family Friend

Application for the William N. Drohan Scholarship

Note to applicant: Please fill out items 1 through 4 of this form and give it to a teacher or personal reference (not a relative) that can answer the following questions. Attach this reference sheet to the scholarship application and submit all materials to the scholarship office by **JULY 15, 2024**.

1. Name of Applicant: _____

2. Address of Applicant: _____

3. College Applicant Plans on Attending: _____

4. Planned Major Course of Study: _____

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What is your relationship to the above applicant? _____

How long have you been acquainted with this applicant? _____

Considering your knowledge of this applicant, do you feel this student will succeed in the school and major course of study selected? Please explain: _____

What are this applicant's most significant talents? _____

Does this applicant have significant limitations that they have overcome in order to pursue and succeed in these talents?

Name of Reference _____ Title _____

Address _____
(City, State, Zip)

Phone _____ Date _____ Signature _____