





education is **power** MedPro Rx, Inc.  
 SCHOLARSHIP PROGRAM

Please click here to visit our website at: [www.medprorx.com](http://www.medprorx.com)

**Education Information:**

Class Level (as of September 2010):  Freshman  Junior  Other  
 Sophomore  Senior

School Preference: \_\_\_\_\_

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

What general course of study are you planning to pursue? \_\_\_\_\_

How do you intend to pay for school? (Check the ones that apply)

Family  Self  Loan  Scholarships

Where will you live while attending school?  Dormitory  At home  Rented Room

With Friend/Relative  Other (please specify) \_\_\_\_\_

How did you hear about the MedPro Rx, Inc. scholarship program?

\_\_\_\_\_

\_\_\_\_\_

Please list in what year(s) if you have previously applied or received the MedPro Rx, Inc. scholarship and the amounts awarded? (ex: 2006, \$2,500, etc.)

\_\_\_\_\_

Note, we invite all prior eligible applicants/recipients to reapply.



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**Essay:** Choose one of the questions below (no less than 250 words on a separate sheet of paper)

- What are your dreams and aspirations?
- Tell us what you are most passionate about?
- How has living with a bleeding disorder affected your life?
- If you had the power to change something in the world what would it be?

I certify that the information I have submitted is true and accurate to the best of my knowledge. Disclosing false information may jeopardize my award at any time. In the event that there is a change in any of the information presented in the application, I will promptly notify the MedPro Rx scholarship coordinator.

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Print Name of Applicant Date

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Signature of Applicant

*The MedPro Rx, Inc. scholarship, granted under the “Education is Power” program, will be awarded by committee. All decisions made by this committee are final. Your information will be kept confidential and will be used only for the purposes of education. It may be necessary for someone on the committee to contact you directly for a personal interview or to qualify any information contained in this application. Should you be awarded a scholarship, you will receive notification via email and/or telephone and by U.S. mail.*

**Your completed application and documentation should be returned by U.S. mail only, no later than May 1, 2010 to:**

**MedPro Rx, Inc.**  
**“Education is Power” Scholarship**  
 140 Northway Court  
 Raleigh, North Carolina 27615-4916

Thank you.

Sincerely,

*Kathy Robinette-Stoneberg*

Kathy Robinette-Stoneberg  
 Scholarship Coordinator  
 robinettestone@medprorx.com



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**Recommendation or Character Reference**

**Note to applicant:** Please fill out the first two lines of this form and give it to the person making the recommendation or character reference. Please note this should not be a relative.

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

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What is your relationship to the above applicant? \_\_\_\_\_

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

What are the applicant's most significant talents? \_\_\_\_\_

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Contact telephone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Thank you for taking the time to complete this form.*

*Please return this form to the student for mailing prior to the May 1st application deadline. Thank you.*



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Please be advised that the following student is applying for the "Education is Power" scholarship. I would respectfully request that you fill out the form confirming that the student has a bleeding disorder and what type.

**To be completed by scholarship applicant**

Name: \_\_\_\_\_

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

**To be completed by a Physician/Nurse**

What type of bleeding disorder has this applicant been diagnosed with?

- Hemophilia A     
  Hemophilia B     
  von Willebrand Disease  
   
  Type I     
  Type II     
  Type III

\_\_\_\_\_  
 Physician/Nurse Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Hemophilia Treatment Center

\_\_\_\_\_  
 Telephone number

\_\_\_\_\_  
 Address

*Please return this form to the student for mailing prior to the May 1st application deadline. Thank you.*

*Kathy Robinette-Stoneberg*

*Kathy Robinette-Stoneberg,  
 Scholarship Coordinator*



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### Disclosure Form

In the event that you are awarded a scholarship, please state if you are willing to allow MedPro Rx to use your name in publicity articles, either in print or online. Your decision will have no bearing on the likelihood that you will be awarded a scholarship.

Thank you.

- Yes, I authorize MedPro Rx to use my name for publicity purposes.
- No, I do not want my name to be disclosed.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_