

Scholarship program application

With this program, eligible^a students can apply for one of:

5 **\$4,000**
scholarships to a 4-year
college

10 **\$2,500**
community or vocational
scholarships

Before getting started, you'll want to gather the following information:

1. Details on the college or vocational school you're attending or have been accepted to, including:

- The address
- The degree you're pursuing
- Your expected graduation date
- Your cumulative GPA

2. Information on school or community activities you've participated in for the past 4 years

3. Your work experience for the past 4 years

4. Physician and hemophilia treatment center (HTC) information:

- Your doctor's name and phone number
- Your HTC name, address, and contact person's name

5. Any additional documents to include with your application:

- High school transcripts (required)
- College transcripts, if applicable (optional)
- Any documents that support your personal essay, such as letters of recommendation, receipts for tutoring, certificates of completion for preparatory classes, etc. (optional)

Note: Applicants do not need to be prescribed a Novo Nordisk product to apply.

^a**Eligibility requirements:** Final decisions are made by an independent third party. Deadline is June 30 for the following academic year. Scholarships will be awarded to the top applicants in each category and payment will be made directly to the school the successful applicant is attending. People with hemophilia A, hemophilia B, hemophilia A or B with inhibitors, congenital factor VII deficiency, congenital factor XIII deficiency subunit-A, acquired hemophilia, and Glanzmann's thrombasthenia with a refractoriness to platelets are eligible to apply for scholarships. Patients who participate in Medicaid, Medicare (including Medicare Part D), or other federal or state health care programs are not eligible for the scholarship program.

Tell us a little about yourself

*Indicates required field

Personal details

First name*

Last name*

Gender*

Male Female

Date of birth*

Email address*

Address 1*

Address 2

City*

State*

ZIP code*

Phone number*

Diagnosis*

- Acquired hemophilia
- Congenital FVII deficiency
- Factor XIII A-subunit deficiency
- Glanzmann's thrombasthenia
- Hemophilia A
- Hemophilia A with inhibitors
- Hemophilia B
- Hemophilia B with inhibitors

Care team information

Doctor's name*

Doctor's phone number*

Hemophilia treatment center (HTC)*

Tell us a little about yourself (continued)

*Indicates required field

Care team information (continued)

HTC address 1*

HTC address 2

City*

State*

ZIP code*

HTC contact person*

Education information

Current level of schooling*

- Senior in high school
- Attending college or vocational school
- Not currently in school but accepted to a college or vocational school
- Not currently in school and not accepted to a college or vocational school

High school information

School name*

Graduation date*

City*

State*

ZIP code*

Cumulative GPA*

Principal's name*

Principal's email*

Tell us a little about yourself (continued)

*Indicates required field

College/university information

School name*

Expected graduation date*

Address 1*

Address 2

City*

State*

ZIP code*

Major*

Cumulative GPA*

Degree or certificate you're pursuing*

AA AS BA BS Other (please specify)

School & community activities

Please tell us about your school and community activities over the past 4 years.

Activity	How many years did you participate?	Honors/awards

Tell us a little about yourself (continued)

*Indicates required field

Work experience

Please tell us about your work experience from the past 4 years.

Position	Start and end date	Hours per week

Personal essay*

*Indicates required field

Please write a short essay of up to 500 words (about 3 paragraphs) that answers the question:

How will your educational path affect your life with a bleeding disorder?

Your essay should address:

- How your education will help prepare you for a changing health care environment
- The long-term goals your education will help fulfill

Response continued on next page

Personal essay (continued)*

*Indicates required field

- If eligible, I understand and authorize the sharing of my personal health information with Novo Nordisk, the sponsor of the Scholarship program, and its partners supporting the program as necessary to: provide services to me under such program; ensure effective administration and operations of such program; transition my support; or share my information with service providers for the purpose of aggregation or de-identification. This information may include the personal information provided by me for Scholarship program enrollment, payer-related information received from my health insurer, and any prescription, fulfillment, and other information provided by my pharmacy. Should I begin receiving prescription benefits from a federal, state, or other government-funded program at any time, I will no longer be eligible to participate in this program. You may also contact me periodically in order to verify that my eligibility for the program has not changed. I also understand that the Program may contact me as necessary related to the scholarship, information related thereto, and status of my application to ensure appropriate facilitation of the Program.

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