

## **Hannah Ostrea Memorial College Scholarship** *For families affected by childhood rare disease*



The Hannah Ostrea Memorial College Scholarship was created to honor the memory of Little Miss Hannah Ostrea, who lost her battle with an ultra-rare genetic disorder, Gaucher Disease type 2/3, at the age of 3. She lived for only three short years, yet her beautiful smile, intoxicating charm, and her courageous fighting spirit forever captured the hearts of everyone who had the opportunity to get to know her. Even though she was never able to speak a word, her expressions, her laughs, and her eyes could speak volumes.

Each year, the Little Miss Hannah Foundation chooses 3 students to receive \$1,000 each, based on scholastic achievement and community service.

### **Eligibility – Patients, Parents, and Siblings:**

- Patient, parent or sibling of patient diagnosed with a medically complex childhood rare disease (living or deceased). Age at time of diagnosis for the patient must be 17 years or less.
- Rare disease must be listed on [www.LittleMissHannah.org/rarediseaselist](http://www.LittleMissHannah.org/rarediseaselist) or undiagnosed
- Applicant must reside in or have graduated from high school in Clark, Lincoln, or Nye county (Southern Nevada)
- Be enrolled or have acceptance for an accredited two- or four-year college degree program (in-person or online).
- U.S. citizen or a permanent legal resident.
- G.P.A. of 2.5 or higher (GPA not considered for parents)

### **Please choose two of the questions and write an essay of 500-750 words on each.:**

- (SIBLINGS) Witnessing your sibling and your family living with a rare disease can be difficult. Describe the challenges you've faced in supporting or caring for your sibling, and how you dealt with these challenges.

- (PATIENT) Describe the challenges you have encountered as a result of your condition and how you dealt with these challenges.

- (PARENTS) Describe the challenges you've faced in supporting or caring for your child with a rare disease and family and how you dealt with these challenges.

- How do you think our Southern Nevada community can better support families of children diagnosed with rare diseases? This should include the public, healthcare, and support services.

- Please share your experiences creating awareness and/or raising funds for understanding, research, and treatment for the child's rare disease.



# Scholarship & Essay Application

**Deadline: December 1, 2020**

Return by email, fax, or mail to: [eligibility@littlemisshannah.org](mailto:eligibility@littlemisshannah.org) ~ Fax: 702-541-9957  
Address: LMHF, 10624 S. Eastern Ave, #A847, Henderson, NV 89052

## Applicant Information

Name: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address/City/Zip: \_\_\_\_\_

Permanent Address/City/Zip: \_\_\_\_\_

I am a rare  Patient  Sibling  Parent

## Rare Patient Information

Name: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_

Caregiver/Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address/City/Zip: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Phone: \_\_\_\_\_

Living  Deceased (if deceased, age \_\_\_, year passed away \_\_\_) Age at time of diagnosis? \_\_\_\_\_

Is parent/caregiver aware that you are applying for this scholarship?  Yes  No

## Financial Information

How would the \$1000 scholarship be allocated?

Tuition: \_\_\_\_\_

Books: \_\_\_\_\_

Housing: \_\_\_\_\_



# Scholarship & Essay Application

**Education Information**

*If currently in High School:*

Name of School: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

*College / University where presently enrolled or planning to attend*

Name of School: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Course of Study: \_\_\_\_\_ GPA: \_\_\_\_\_

Type of college / university: [ ] In-person [ ] Online

Anticipated Career: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

**Extracurricular Activities**

Share your volunteer and community service activities:  
*(including length of service, types of projects, and your role)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

## Acknowledgement

*Which two topics are you writing about? (Each essay should be 400 – 750 words, typed)*

\_\_\_\_\_ Challenges living with a sibling diagnosed with or as a patient with a rare disease

\_\_\_\_\_ Southern Nevada community supporting children with rare diseases

\_\_\_\_\_ Experience creating awareness or raising money for research

### Scholarship Deadlines:

- July 25, 2020 – Scholarship opens for applications
- December 1, 2020 – Scholarship application closes
- December 20, 2020 – Finalists notified
- January 15, 2021 – Finalists must have all requirements submitted
- February 1, 2021 – Winners notified
- February 29, 2021 – Winners awarded at Vegas Cares About Rare Kids 5K event (Las Vegas)

### IF YOU ARE CHOSEN AS A FINALIST:

Up to 5 finalists will be chosen. If selected as a finalist, you will be **REQUIRED** to submit the following before the January 15<sup>th</sup> deadline (incomplete finalist applications will be disqualified):

- Certified high school / college institution transcript
- 2 letters of recommendations from teachers, counselors, or community leaders
- If a high school senior: Letter of acceptance to a 2- or 4-year accredited institution in the U.S.
- Letter from a healthcare specialist (physician, nurse, social worker) confirming rare disease diagnosis dated after 7/25/2020 or copy of death certificate

Applicant agrees to the use of his/her name, likeness, personal essays and information contained in this application for educational, advertising and promotion purposes for the Hannah Ostrea Memorial College Scholarship and the Little Miss Hannah Foundation without further compensation or notification.

The information on this form and contained in the application package is true and correct to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature