

High School Hero

Blood Donor Recruitment Scholarship Award

2171 28th Street SW, Allentown, PA 18103 * 610-791-2222 * 800-444-4272
www.GIVEaPINT.org

THE SCHOLARSHIP OPPORTUNITY

This scholarship is designed to encourage and reward high school blood drive volunteers for their efforts in stimulating interest and increasing the available blood supply within the Pennsylvania and New Jersey counties served by Miller-Keystone Blood Center.

GENERAL CRITERIA

Recipients of a scholarship award must have acted as a member of their high school's blood drive committee for a minimum of one (1) year, and have achieved the following recruitment benchmarks: the school must hold a minimum of one (1) blood drive with Miller-Keystone Blood Center during the school year, with a minimum of 50 units collected. The student must be in his/her Senior year of high school and also be a member in good standing, including the maintenance of minimum 2.5 GPA. A member in good standing also includes, but is not limited to, acceptable citizenship and attendance. The student must be recommended to receive a scholarship by the school principal, faculty advisor or guidance counselor. The student will be attending an accredited post-secondary educational program during the following school year.

High schools collecting a minimum of 50 units during the school year are automatically eligible for a \$250 scholarship award. Annual Scholarship awards will be presented to one (1) student at each high school achieving benchmark participation based on their school's number of units collected.

- 50-99 Collected Units = \$250 scholarship award
- 100-200 Collected Units = \$500 scholarship award
- 201-400 Collected Units = \$750 scholarship award
- 401+ Collected Units = \$1,000 scholarship award

HOW TO APPLY

Complete all information and questions requested on the application form; you need not be accepted at a school before applying for the scholarship. Submit the application to your school principal, faculty advisor or guidance counselor for their endorsement and **they will forward the application, recommendation and essay, along with a copy of your school transcript** to:

Blood Donor Recruitment Scholarship Committee
Marie S. Clemens, Corporate Director of Communications
Hospital Central Services, Inc.
2171 28th Street SW
Allentown, PA 18103

Applications must be received by the Blood Center no later than April 30. The awards will be announced in mid-May.

SCHOLARSHIP APPLICATION

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*Please complete all information on the form and obtain all required signatures.
All information is kept confidential.*

*Return the form to your school administrator or guidance counselor for their endorsement.
Forward the application, recommendation and essay, along with a copy of your school transcript, to:
Blood Donor Recruitment Scholarship Committee (attn: M. Clemens), Hospital Central Services Inc.,
2171 28th Street SW, Allentown, PA 18103.*

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____
HOME MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
AREA CODE _____ TELEPHONE _____ SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ SCHOOL NAME _____
APPLICANT'S SIGNATURE _____ DATE _____

PARENT OR GUARDIAN INFORMATION (If there is more than one parent/guardian, both should complete information requested below)

MR. MRS. MS. LAST NAME _____ FIRST NAME _____ M.I. _____
HOME MAILING ADDRESS (if different from applicant's) _____
CITY _____ STATE _____ ZIP _____
AREA CODE _____ TELEPHONE _____ RELATIONSHIP TO APPLICANT _____
MR. MRS. MS. LAST NAME _____ FIRST NAME _____ M.I. _____
HOME MAILING ADDRESS (if different from applicant's) _____
CITY _____ STATE _____ ZIP _____
AREA CODE _____ TELEPHONE _____ RELATIONSHIP TO APPLICANT _____

LIST ACTIVITIES, AWARDS, HONORS, SPECIAL RECOGNITION (earned at school, in other community service activities, or employment)

SCHOOL

COMMUNITY / OTHER

EMPLOYMENT

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PIECE OF PAPER, AND ATTACH IT TO THIS APPLICATION. BE SURE TO WRITE YOUR NAME AND HIGH SCHOOL ON EVERY PAGE. ANSWERS MUST BE TYPED, AND SHOULD BE APPROXIMATELY 100 WORDS FOR EACH QUESTION.

- 1. WHY DID YOU VOLUNTEER TO BE YOUR SCHOOL'S BLOOD DONOR COORDINATOR? DID A SPECIFIC PERSON OR INCIDENT IMPACT YOUR DECISION TO VOLUNTEER?**
- 2. WHAT METHODS DID YOU USE TO ENCOURAGE STUDENTS TO DONATE BLOOD? WERE THE MATERIALS YOU RECEIVED FROM MILLER-KEYSTONE SUFFICIENT TO HELP SUCCESSFULLY RECRUIT DONORS?**
- 3. WHAT LESSONS DID YOU LEARN FROM YOUR EXPERIENCE AS A BLOOD DRIVE COORDINATOR? IF YOU VOLUNTEERED TO COORDINATE A BLOOD DRIVE AGAIN, WOULD YOU DO ANYTHING DIFFERENTLY?**
- 4. THE PERCENTAGE OF BLOOD DONATIONS FROM THOSE UNDER AGE 29 IS SIGNIFICANTLY LESS THAN DONATIONS FROM THOSE AGE 30 AND OVER. GIVEN YOUR EXPERIENCE AS A BLOOD DRIVE VOLUNTEER, WHAT SUGGESTIONS DO YOU HAVE TO ENCOURAGE MORE PEOPLE YOUNG PEOPLE TO DONATE BLOOD?**
- 5. HOW DID YOUR EXPERIENCE AS A BLOOD DONOR VOLUNTEER AFFECT YOU IN A PERSONAL WAY?**

EDUCATIONAL PLANS

I have applied to: _____

My course of study will be: _____

I have: **BEEN ACCEPTED BY (Name(s) of College/School)** _____

PLACED ON A WAITING LIST FOR (Name(s) of College/School) _____

NOT HEARD AT THIS TIME FROM (Name(s) of College/School) _____

Should you be awarded the scholarship, proof of your enrollment will be required before an award check can be issued. The check will be made payable to the school where you have officially enrolled.

ENDORSEMENT (Request your school principal, faculty advisor or guidance counselor complete this section. Obtain all required signatures.)

EDUCATOR'S NAME _____

TELEPHONE (DAY) _____ (EVENING) _____

HOW LONG HAVE YOU KNOWN THIS STUDENT? _____

PLEASE COMMENT ON WHY THIS STUDENT SHOULD RECEIVE THIS SCHOLARSHIP: _____

SIGNATURE

POSITION

SCHOOL

TO BE COMPLETED BY MILLER-KEYSTONE BLOOD CENTER
DONOR RESOURCES DEPARTMENT

Dates of Blood Drive(s): _____

	Blood Drive 1	Blood Drive 2	Blood Drive 3	Blood Drive 4
School Population				
# Donors Registered				
# Units Collected				