

Ralph (Bill) & Jacqueline Young Student Volunteer Scholarship Award

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

www.GIVEaPINT.org

THE SCHOLARSHIP OPPORTUNITY

This scholarship acknowledges the outstanding student volunteer participation at Miller-Keystone Blood Center by a graduating high school senior, and is presented in recognition of the importance of student volunteerism to the health and welfare of the community. The award is named in honor of Ralph (Bill) and Jacqueline Younger, two of our most dedicated volunteers. Bill and Jackie were both devoted volunteers who donated more than 25,000 hours of service to MKBC.

GENERAL CRITERIA

Recipient of the scholarship must have completed a minimum of 135 hours of volunteer service with Miller-Keystone Blood Center in no less than a cumulative two calendar year period. The student must be a member in good standing at his/her high school and must have maintained an overall 2.5 GPA. A member in good standing includes, but is not limited to, acceptable citizenship and attendance. The student must be recommended to receive this scholarship by the school principal or guidance office. The student will be attending an accredited post secondary educational program during the following school year.

The annual scholarship amount is \$1,500.

Children of employees of Miller-Keystone Blood Center or Hospital Central Services, Inc. are ineligible for this award.

HOW TO APPLY

Complete all information 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: Volunteer Scholarship Award Committee, Attn: Marie S. Clemens, Corporate Director, Communications, Hospital Central Services, 2171 28th Street. S.W., Allentown, PA 18103.

Applications must be submitted by March 31. The award will be announced in mid-April.

SCHOLARSHIP APPLICATION
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Please complete all information on the form and obtain all required signatures. Return the form to your appropriate school administrator for their endorsement. All information is kept confidential.

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 PROVIDE A SHORT ESSAY (APPROXIMATELY 200 WORDS) ON A SEPARATE PIECE OF PAPER, AND ATTACH TO THIS APPLICATION. REPLIES MUST BE TYPED. BE SURE TO WRITE YOUR NAME AND HIGH SCHOOL ON EVERY PAGE. PLEASE ANSWER THE FOLLOWING QUESTIONS AS PART OF THE ESSAY.

- **WHY DID YOU CHOOSE TO VOLUNTEER WITH MILLER-KEYSTONE BLOOD CENTER?**
- **WHAT LESSONS DID YOU LEARN FROM YOUR VOLUNTEER EXPERIENCE WITH MKBC?**
- **WHAT SUGGESTIONS DO YOU HAVE TO HELP RECRUIT ADDITIONAL YOUNG ADULTS AS BLOOD CENTER VOLUNTEERS AND/OR BLOOD DONORS?**

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 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