

RED CROSS – BLOOD DRIVE SCHOLARSHIP

DUE to Mrs. Prater in Room 313 by THURSDAY FEBRUARY 28, 2019 at 3 PM. No late applications will be accepted! See Mrs. Prater if you have any questions. The form and essay can be filled out on paper and turned in or emailed to cprater@eastnoble.net

The Red Cross will award East Noble a scholarship based on the units of blood that have been donated over the course of the year. The amount is yet to be determined. Any East Noble Senior may apply for this scholarship if they meet all of the following criteria set forth from the Red Cross.

- ✓ Student must be in his/her senior year of high school at an accredited state educational facility.
- ✓ Student must graduate high school on time at the end of his/her senior year.
- ✓ Student must utilize the scholarship to continue his/her education starting in the fall semester following graduation at an accredited 2-year, 4-year or professional trade school.
- ✓ Student must be an active participant in the high school blood program and should exhibit a leadership role in the coordination and recruitment of blood drives.

In a well written typed essay please share how you have met the fourth criteria above. Also include your experience with blood drives and why you have participated in them.

IF you are awarded the scholarship or a portion of the scholarship, the following information is required by the Red Cross. Please complete the information below and on the back of this form. Please fill in as much of the information as you can and the rest can be added later if you are awarded the scholarship. Write legibly so that it can be read and given to Red Cross to process the scholarship.

Full Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home phone number _____ Last four digits of your SSN _____

Projected graduation month and year _____

Higher education institution where scholarship will be paid _____

Higher education institution where the check will be mailed:

Address _____

City _____ State _____ Zip Code _____

Financial Aid contact Name and phone number _____

Semester the scholarship would be applied toward _____

Date Classes begin _____ College student ID (if available) _____