*Education Foundation of Martin County*



*Gift of Life Scholarship Application*

|  |  |
| --- | --- |
| Name: | |
| Street Address: | |
| City/Zip: | |
| Home Phone: | |
| Cell Phone: | |
| Email Address: | Sex (check box) Male  Female |
| Current School: | |

**POST SECONDARY DATA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of School You Plan to Attend | Applied | | Accepted | | |
| Yes | No | Waiting for decision | Yes | No |
| 1ST Choice |  |  |  |  |  |
| 2ND Choice |  |  |  |  |  |
| 3RD Choice |  |  |  |  |  |

List how many hours you have worked in blood drives during your high school career: \_\_\_\_\_\_\_\_\_\_\_hours

**STUDENT BLOOD DRIVE HOURS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| High School | DATES | HRS/WEEK | HRS/WEEK | HRS/WEEK | HRS/WEEK | RESPONSIBILITIES OR LEADERSHIP ROLES |
| Freshman |  |  |  |  |  |  |
| Sophmore |  |  |  |  |  |  |
| Junior |  |  |  |  |  |  |
| Senior |  |  |  |  |  |  |

What do you feel is your most positive contribution to your school blood drive program?

|  |
| --- |
|  |

BRIEF ESSAY (from student) detailing blood drive involvement including:

* 1. Number of drives and years in which you actively participated *both on and off campus*
  2. Types of activities and/or assignments performed in preparation for or during school blood drives
  3. Leadership role taken in planning/executing blood drive

(Additional supporting information may be attached.)

**All of the information included on this form, including attachments, is true, correct and complete**. **Verification may be obtained for any source.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Blood Drive Coordinator Date