

# Blood Donor Recruitment Scholarship Award

## Hospital Central Services, Inc. & Affiliates

2171 28<sup>th</sup> Street SW, Allentown, PA 18103 \* 610-791-2222 \* 800-444-4272

[www.hcsc.org](http://www.hcsc.org)

### THE SCHOLARSHIP OPPORTUNITY

This scholarship is designed to encourage and reward a high school blood donor chairperson for their efforts in stimulating interest and increasing the available blood supply within the 11 Pennsylvania and New Jersey counties served by Miller-Keystone Blood Center.

### GENERAL CRITERIA

Recipients of the scholarship must have acted as chairperson for their high school's blood drives 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 during the school year, with a minimum 25% participation rate from the pool of eligible donors. The student must also be a member in good standing at his/her high school and must have maintained a minimum 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, faculty advisor or guidance counselor. The student will be attending an accredited post secondary educational program during the following school year.

Three annual awards will be presented in Blood Center's Lehigh Valley/Bucks/New Jersey, Berks/Montgomery/Chester/Philadelphia, and Carbon/Schuylkill/Luzerne/Monroe regions, respectively: one (1) in the amount of \$1,000, and two (2) in the amount of \$500, for a total of nine (9) annual awards. Children of employees Miller-Keystone Blood Center and its parent, Hospital Central Services, Inc. & Affiliates (HCSC), are not eligible.

### 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 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 28<sup>th</sup> 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.

**BLOOD DONOR RECRUITMENT  
SCHOLARSHIP APPLICATION**

***Hospital Central Services, Inc. & Affiliates***

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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**

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**COMMUNITY / OTHER**

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**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. ANSWER TO EACH QUESTION SHOULD BE APPROXIMATELY 100 WORDS.**

- 1. WHY DID YOU VOLUNTEER TO BE THE SCHOOL BLOOD DONOR CHAIRPERSON?**
- 2. WHAT METHODS DID YOU USE TO ENCOURAGE STUDENTS TO DONATE BLOOD?**
- 3. WHAT LESSONS DID YOU LEARN FROM YOUR EXPERIENCE AS A BLOOD DRIVE COORDINATOR?**
- 4. IF YOU VOLUNTEERED AGAIN, HOW WOULD YOU GO ABOUT THINGS DIFFERENTLY?**
- 5. HOW DID YOUR EXPERIENCE AS A BLOOD DONOR CHAIRPERSON 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.*

Blood Donor Recruitment Scholarship Application

**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:** \_\_\_\_\_

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\_\_\_\_\_  
**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
School Population		
# Donors Registered		
# Units Collected		