

# Student Volunteer Scholarship Application

## Hospital Central Services, Inc.

2171 28<sup>th</sup> Street SW, Allentown, PA 18103 (610) 791-2222 (800) 444-4272  
www.hcsc.org

### THE SCHOLARSHIP OPPORTUNITY

This scholarship recognizes the outstanding student volunteer participation, with an emphasis Miller-Keystone Blood Center, by a graduating high school senior. It is a natural extension of the education commitment by Hospital Central Services, Inc. & Affiliates in recognition of the importance of student volunteerism to the health and welfare of the community.

### GENERAL CRITERIA

Recipient of the scholarship must have completed a minimum of 135 hours of volunteer service to the 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 \$1,000. The number of scholarships awarded is determined by Hospital Central Services, Inc. Children of employees of Miller-Keystone Blood Center or Hospital Central Services, Inc. are ineligible.

### 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 or guidance counselor for their endorsement and they will forward the application to Volunteer Scholarship Award Committee, Attn: Marie S. Clemens, Corporate Director, Communications, Hospital Central Services, 2171 28<sup>th</sup> Street. S.W., Allentown, PA 18103.

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

**STUDENT VOLUNTEER  
SCHOLARSHIP APPLICATION  
HOSPITAL CENTRAL SERVICES, INC.**

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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**

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**EMPLOYMENT**

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**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.*

