

Stanford Blood Center High School Scholarship Program

Overview

Stanford Blood Center is dedicated to providing blood to those in need. We are also committed to further supporting our community through education and volunteerism.

Stanford Blood Center will award up to \$1,000 in scholarship funds to select qualified candidates each academic year. Qualified applicants will have participated in coordinating a successful blood drive on their high school campus.

Eligibility

The applicant must:

1. Have a minimum GPA of 3.0
2. Be a graduating senior
3. Be enrolled in a four-year college/university, a community college, or technical school the following year
4. Have participated on a blood drive committee at their high school and have been actively involved in at least one Stanford Blood Center blood drive for the school year of application submission
5. Blood drive(s) collect 95% or more of established goal
6. Complete and submit the scholarship application and attachments on or before the deadline

Requirements

- A typed essay, no more than two pages (double-spaced), about your personal experience with your high school blood drive(s). Include how your efforts made the drive(s) a success and how you think the experience will benefit your future education, leadership, and volunteerism goals
- A copy of your current high school transcript
- One personal letter of recommendation
- One academic letter of recommendation
- A completed scholarship application and attachments submitted on or before the deadline
- The deadline to submit the application is **Monday, June 6, 2016**.

Additional Information

Scholarships will be awarded by check payable to the college, university or technical school where the student has officially enrolled.

Recipients will be notified by **Monday, July 18, 2016**.

Questions: Contact High School Scholarships at 650-623-8015 or giveblood@med.stanford.edu

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Application

2016 Deadline: June 6, 2016

Applicant Name: _____
(last) (first) (MI)

Mailing Address: _____
(Number and Street)

City/State: _____ ZIP: _____

Telephone: _____ Date of Birth: _____

Email Address: _____

Name of High School: _____ Blood Drive Date(s) _____

Name of College/University Enrolled: _____
(City) (State) (Address) (Phone)

Student ID number for college/university: _____

Name of Parent/Guardian: _____

Applicant Signature: _____ Date: _____

Send completed application packet to:

**Stanford Blood Center
High School Scholarship Program
3373 Hillview Avenue
Palo Alto, Ca 94304**



Give blood for life!