



LifeShare Community Blood Services Scholarship Application

To be completed by school guidance counselor:

Scholarship Amount \$ _____

(If amount not specified, then total scholarship funds to be equally distributed.)

Your answers to these questions will be used only in connection with your application for this scholarship competition and will be seen only by qualified people working on the program. The completeness, neatness, and legibility of your application will make the review of your credentials easier. Please type, if possible, or print, using black ink.

Please return application to your guidance counselor.

Full legal name _____
Last First M.I.

Permanent home address _____
Number and street City State Zip Code

Home phone _____ Social Security number _____ Age _____
(Cannot process without SSN or college student ID)

Date of birth _____ Circle one: Male Female
month day year

Are you a US citizen? YES NO If NO, are you a permanent resident? YES NO

If YES, please attach a copy of your "Alien Registration Card" (US Form I-551) Alien Registration No. _____

Name of high school _____ Month and year of graduation _____

Name of college / university _____

College / university address _____
Number and street City State Zip Code

Main campus phone _____ Planned college major _____

Signature _____ Date _____

(The above signed grants permission to release information on student status)

