

# LifeShare Community Blood Services

## Scholarship Application

To be completed by academic dean or appointee:

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 academic dean or appointee.

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-5511) Alien Registration No. \_\_\_\_\_

Name of college / university \_\_\_\_\_

College / university address \_\_\_\_\_  
Number and street City State Zip Code

Main campus phone \_\_\_\_\_ College Major \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

