

# Isabelle Christenson Memorial Scholarship



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your connection to donation / transplantation:

- Transplant Recipient  Transplant Candidate
- Donor Family Member  Living Donor
- Immediate Family member of a recipient, candidate or living donor



Please provide the name and contact information of a donation / transplantation professional who can verify your connection.

Name: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

Attach the following typed documents with your name clearly marked on each page:

- Description of how donation / transplantation has influenced your life
- Description of what you have done or what you will do to promote organ, tissue and cornea donation
- Description of community service you have taken part in
- Description of your educational / career goals
- Two letters of recommendation (not from family members)
- A copy of your acceptance letter for a college / university / trade / technical school

*I verify that the information contained within this application is true and complete. I understand that providing false information or failing to provide material information will be grounds to discard my application. I understand that incomplete applications will not be considered. I authorize the Isabelle Christenson Memorial Scholarship application review committee to investigate all statements on this application and documents submitted in support of my application. I confirm that, if awarded the scholarship, I will utilize the scholarship for my continuing education in the 2016-2017 school year and that I am not a previous award winner of the Isabelle Christenson Memorial Scholarship. Winner must be present to accept scholarship.*

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

Completed application packets including all materials must be **postmarked by February 28, 2017**.

Mail to: **Isabelle Christenson Memorial Scholarship; CORE; 204 Sigma Drive; Pittsburgh, PA 15238**