Isabelle Christenson Memorial Scholarship

The Isabelle Christenson Memorial Scholarship awards a scholarship to an individual or family member of someone directly impacted by organ donation including transplant candidates, recipients and donor family members.

The scholarship is funded through Izzie's Gifts of Hope Foundation in memory of Isabelle Christenson. Izzie was spunky, smart, feisty, caring, and thoughtful. She loved Tinkerbell and the movie Annie. She approached each day with a positive attitude and displayed a never-give-up spirit that naturally drew people to her. During her short life Isabelle required two transplants. She received a stomach, liver, small bowel, duodenum and pancreas in 2004 when she was 6 years old; and a kidney transplant two years later. Her transplants were her "Gift of Life" and even at such a young age, she was a strong advocate for the importance of organ donation because Izzie was always looking out for others. Isabelle died when she was 10 ½ years old and this scholarship honors her life and helps carry out her dreams.

Scholarship Requirements:

- You must be an organ transplant candidate, recipient, donor family member, living donor or immediate family member of a transplant candidate or recipient
- Explain how donation / transplantation has influenced your life
- Explain what you have done or what you will do to promote organ, tissue and cornea donation
- Describe any community service you have taken part in
- Explain your educational / career goals
- Provide two letters of recommendation (not from family members)
- Provide a copy of your acceptance letter for a college / university / trade / technical school

Application Submission:

• Please submit a completed application packet with all related materials in one envelope postmarked by March 24, 2015 to:

Isabelle Christenson Memorial Scholarship CORE 204 Sigma Drive Pittsburgh, PA 15238

Note: Previous Isabelle Christenson Memorial Scholarship winners are not eligible. Incomplete applications will not be considered.

Please direct any questions to: izziesgifts@gmail.com or www.izziesgifts.org





Isabelle Christenson Memorial Scholarship

Name:		—
Address:		Izzie's Gifts
City, State, Zip:		
Phone: Email		
You connection to donation / transplar	tation:	100
Transplant Recipient	Transplant Candidate	a car
Donor Family Member	Living Donor	Arrest
\Box Immediate Family member o	f a recipient, candidate or living donc	r
Please provide the name and contact ir 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 2015-2016 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 March 24, 2015**.

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



