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, 2016 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 of Hope Foundation
City, State, Zip:	
Phone: Email:	
You connection to donation / transplantation:	120
☐ Transplant Recipient ☐ Transplant Candidate	
☐ Donor Family Member ☐ Living Donor	The state of the s
\square Immediate Family member of a recipient, candidate or living donor	
Please provide the name and contact information of a donation / transplantation prof 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, tissued to be promote orga	
I verify that the information contained within this application is true and complete. I usuals information or failing to provide material information will be grounds to discard reputers and that incomplete applications will not be considered. I authorize the Isabell Scholarship application review committee to investigate all statements on this application with the submitted in support of my application. I confirm that, if awarded the scholarship, I wisfor my continuing education in the 2016-2017 school year and that I am not a previous stabelle Christenson Memorial Scholarship. Winner must be present to accept scholarship.	my application. I le Christenson Memorial tion and documents ill utilize the scholarship s award winner of the

Completed application packets including all materials must be **postmarked by March 24, 2016**.

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