

# Scholarship Application

**Academic Year 2005 – 2006**

**Application deadline: March 31, 2006**

**Incomplete or late applications will not be considered for a scholarship.**

Please print or type

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Other \_\_\_\_\_

E-MAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_ \ \_\_\_ \ \_\_\_

HIGH SCHOOL ATTENDING \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_ UNWEIGHTED GPA \_\_\_\_\_

AS OF (date) \_\_\_\_\_ PLEASE ATTACH TRANSCRIPTS

NAME AND ADDRESS OF INSTITUTION YOU ARE PLANNING TO ATTEND:

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE HOW YOU DEMONSTRATED OUTSTANDING PERSONAL LEADERSHIP AMONG YOUR PEERS BY PARTICIPATING IN THE BLOOD DRIVE PROGRAM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF BLOOD DRIVE FACULTY CONTACT, TEACHER OR PRINCIPAL WRITING YOUR LETTER OF RECOMMENDATION. PLEASE ATTACH LETTER: \_\_\_\_\_

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

Print Name \_\_\_\_\_

Send to: Scholarship Assistance Foundation  
1700 N State Road 7  
Lauderhill, Florida 33313  
Phone: (954) 777-2685  
Fax: (954) 486-6841