

Scholarship Application

Academic Year 2004 – 2005

Application deadline: April 15, 2005

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