

# LifeScholars

## Scholarship Recipient Form

Recipient's Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Blood Donor or Member of Donor Program Committee? \_\_\_\_\_

High School: \_\_\_\_\_  
GPA (minimum 2.7 overall): \_\_\_\_\_  
Graduation Date: \_\_\_\_\_  
Scholarship Amount: \_\_\_\_\_

College/Tech School Name: \_\_\_\_\_  
City/State: \_\_\_\_\_

Principal's Signature & Date: \_\_\_\_\_  
Principal's Name (printed): \_\_\_\_\_

Recipient's Signature & Date: \_\_\_\_\_

Scholarship checks are made payable to the student and college/technical school as listed above, and mailed to the student's address as listed above. Please complete all information requested to ensure timely processing. Thank you.

## LifeScholars Recipient Consent Form

Mail or email the following to your schools recruiter. The forms can be found online at [www.lifeshare.org](http://www.lifeshare.org) click on <http://lifeshare.org/service/for-educators>.

1. Completed Scholarship recipient form and consent form.
2. Current photo of recipient.
3. Authorization and Release (Donor/Employee) F-HR-PERS-97a or (Minors) F-HR-PERS-97b

Recruiter name: \_\_\_\_\_

Phone: (office) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Local LifeShare address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Student recipient information:

Where will you be continuing your education?

What will you be studying or what is your intended major.

How will you use the scholarship funds? For example: tuition, books, supplies, housing meals, transportation, etc.

Why are you a blood donor? Will you continue to give blood?

What does it mean to you to be a LifeScholars recipient?

What would you say to younger students to encourage them to participate in the LifeScholars program?

I consent to the use of the provided materials for the purpose of education, training, publications, publicity, promotions and/or advertising as LifeShare Blood Centers may see fit, without limitation or restriction, and I hereby release LifeShare Blood Centers from any and all Liability in connection with the use of this material.

I understand that I may revoke this authorization at any time by notifying LifeShare Blood Centers in writing, but that any revocation will not effect on any actions taken by LifeShare Blood Centers before the revocation is received.

Authorization date \_\_\_\_\_

Authorization signature \_\_\_\_\_