



Dear Applicant:

Thank you for requesting an Indiana Donor Network Foundation scholarship information packet. Indiana Donor Network is the nonprofit health service dedicated to advancing organ, tissue and eye donation throughout Indiana.

Indiana Donor Network staff members have contributed monies to help fund educational scholarships for the family members of Indiana organ/tissue donors, as well as living-related transplant donors, transplant recipients and candidates. It is our hope that scholarship winners will help share information about organ, tissue and eye donation in their community.

We welcome applications from non-traditional students. This includes students who postponed college, moved directly into the workforce after high school, or had college careers interrupted by growing families, medical issues, or financial difficulties. In these instances, work experience and community involvement are taken into consideration instead of current school extracurricular activities.

The enclosed packet includes scholarship application requirements and the application. **Please note that previous scholarship recipients are not eligible to apply.**

Should you have any questions, please call The Philanthropic Committee toll-free at (888) 275-4676. We appreciate your interest in our scholarship, and we wish you the best in your educational endeavors.

Sincerely,

Indiana Donor Network Foundation Scholarship/Philanthropic Committee Members

Indiana Donor Network Foundation Scholarship
Attention: Philanthropic Committee
Indiana Donor Network, Inc.
3760 Guion Road
Indianapolis, IN 46222-1618
www.IndianaDonorNetwork.org
www.facebook.com/indianadonornetwork.org

(888) 275-4676 TOLL-FREE

Scholarship Application Requirements

1. Applicant must be a high school senior, college or technical student who will be applying for or attending in a full or part time status.
2. Applicant must be a family member of an Indiana organ/tissue donor, transplant recipient or transplant candidate. A relative is defined as any person who is related by blood or marriage, or whose relationships are similar to that of persons who are related by blood or marriage, specifically including spouses, parents, children, grandparents, brothers, sisters, aunts, uncles, nieces, nephews, and cousins.
3. There are no age limitations imposed on any scholarship.
4. The scholarship award is for one year. Previous scholarship recipients are not eligible.
5. The sex, age, race, creed, or ethnic background of an applicant shall not be considered by the scholarship committee and will have no bearing on the decisions rendered.
6. To be eligible for consideration, a candidate must submit all application forms and an essay in their entirety, postmarked no later than March 15th of the year that the scholarship is being sought.

APPLICATIONS THAT ARE NOT FILLED OUT COMPLETELY WILL NOT BE CONSIDERED FOR REVIEW.

7. All applicants attending or seeking to attend a secondary school must be in the top 50% of their class. A current high school or college transcript showing a grade point average (GPA) of 2.0 or higher must be included with application.
8. Non-traditional students are encouraged to apply. This includes students who have postponed college, moved directly into the workforce after high school, or have college careers interrupted by growing families, medical issues, or financial difficulties. In these instances, work experience and community involvement are taken into consideration instead of current school extracurricular activities.
9. Applicant must provide a letter of acceptance to an accredited college, university, or technical school (if incoming freshman).
10. Applicant must submit an essay (2-5 pages) describing career goals, experience with organ/tissue donation and/or transplantation, and personal goals. Essay will be judged on proper grammar and spelling, explanation of career and personal goals, and experience with donation. We are also interested in your contribution to promoting organ and tissue donor awareness. **Please use 1" margins, 12-point font and double space.**
11. All scholarships will be disbursed to the recipient's school of choice in the form of a check at the appropriate time of payment for tuition or books. If using scholarship monies for books, recipient will be reimbursed for money after scholarship granted, with proof of purchase (receipt). No purchases will be reimbursed prior to receiving the scholarship.

12. An Indiana Donor Network staff member will present each scholarship award at the recipient's award ceremony (if possible). Scholarship recipients are highly encouraged to attend an Indiana Donor Network staff meeting to share their experience with organ/tissue donation.
13. Applicant agrees to submit a photo if they are awarded a scholarship. This will be used in internal communications, Indiana Donor Network's website and social media accounts, and other promotional materials.
14. Employees of Indiana Donor Network or Indiana Donor Network Foundation and their immediate family members are not eligible.

Scholarship Application

PLEASE PRINT OR TYPE ALL RESPONSES.

Previous scholarship recipients are not eligible to apply.

Verify that the following items are included with your completed application to ensure scholarship consideration.

- Essay
- Most recent transcripts
- Letter of acceptance from an accredited college, university, or technical school (if incoming freshman)
- Fee schedule from school including tuition fees and room & board

This application must be postmarked by March 15, 2017. The scholarship should be sent to:

Indiana Donor Network Foundation Scholarship
Attn: Philanthropic Committee
3760 Guion Road
Indianapolis, IN 46222-1618

PERSONAL INFORMATION

Applicant Name:

FIRST MIDDLE LAST

Gender: Male Female Date of Birth: _____

Present Occupation: _____

Address: _____

STREET ADDRESS OR P.O. BOX

CITY STATE ZIP CODE

Telephone: (_____) _____ E-mail Address: _____

College/Technical School Attending:

Intended Major:

Primary Address (where you receive your mail):

Primary Phone (best number to reach you):

When is your expected start date?

When is your expected date of completion of college degree or certificate?

SCHOLARSHIP QUALIFICATIONS

Donor/Transplantation Status (Check and complete all that apply.)

Organ and/or Tissue Donor Family Member

Relationship to Donor _____

Donor's Name _____

Date of Donor's Death _____

Transplant Recipient/Candidate

Recipient/Candidate's Name _____

Type of Transplant _____

Relationship to Recipient/Candidate _____

Transplant Date _____
(indicate "currently waiting" if applicable)

Transplant Recipient Family Member

Relationship to Recipient _____

Recipient's Name _____

Living Donor/Recipient

Type of Transplant _____

Donor/Recipient Name _____

Transplant Date _____

Relationship to Living Donor/Recipient _____

EDUCATIONAL HISTORY

List high school from which you graduated, technical schools and colleges/universities previously attended.

School	City & State	Dates	Graduated (Yes or no)	GPA

EXTRACURRICULAR ACTIVITIES

Please list any activities (civic, athletic, fraternal, religious, etc.) you have been involved in (past or present). Include any awards or honors received. If you held an elected leadership position, please list.

Activities:

School	Community
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Awards & Honors:

School	Community
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Leadership Positions:

School	Community
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Volunteer Experience:

Are you an Indiana Donor Network Volunteer? Yes No

Are you willing to be contacted about volunteering? Yes No

Other volunteer work:

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Work Experience:

Do you work while attending classes? Yes No

If yes, please fill out the information below.

1. _____ Full time Part time

Hours per week: _____

2. _____ Full time Part time

Hours per week: _____

3. _____ Full time Part time

Hours per week: _____

FINANCIAL ASSISTANCE INFORMATION

Please complete this section as accurately as possible so that we can see a clear statement of your financial need.

Please **attach** fee schedule from the school you will be attending. Be sure to include tuition, fees, and room & board, if applicable.

Projected cost per year	Tuition/Fees	_____
	Books	_____
	Campus Room & Board Expenses	_____
	TOTAL	_____

Estimated ANNUAL FAMILY gross income (before deductions/taxes): _____

Annual family income includes (check all that apply):

Will income continue during school?

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Parent(s)' income | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Spouse's income | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Applicant's income | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Government assistance (i.e. Medicaid, Social Security) | | |

NOTE: RECEIPT OF SCHOLARSHIP MAY AFFECT SOME FORMS OF GOVERNMENT ASSISTANCE. IT IS THE APPLICANT'S RESPONSIBILITY TO RESEARCH AND BE AWARE OF ANY RESTRICTIONS PLACED ON INCOME BY THESE PROGRAMS.

OTHER FACTORS (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> One-parent household | <input type="checkbox"/> Two-parent household |
| <input type="checkbox"/> One-income family | <input type="checkbox"/> Two-income family |
| <input type="checkbox"/> Other children in college | |

Family size (please indicate the ages of any siblings/dependents residing in your home):

If others are contributing financially to your education costs, please list: **1)** their relationship to you (*example: parents, grandparents, significant other*), **2)** contribution amounts, and **3)** how long the individuals will be contributing

Please list any situations (loss of parent or spouse, loss of job, other siblings/dependents in college, etc.) or medical problems (i.e., kidney disease, transplants, cancer, diabetes, disabilities, etc.) that have affected your family and its financial status, and could affect your ability to continue your education.

Please list the sources and amounts of other financial aid you have received or expect to receive.

Description/Type of Financial Aid	Date Applied	Date Accepted	Estimated Amount Per Year	Number of Years Estimated

Do you currently owe a repayment on a student loan?

Yes No

Approximate amount _____

Applicant must submit an essay (2-5 pages) describing career goals, experience with organ/tissue donation and/or transplantation, and personal goals. Essay will be judged on proper grammar and spelling, explanation of career and personal goals, and experience with donation. We are also interested in your contribution to promoting organ and tissue donor awareness. **Please use 1" margins, 12-point font and double space.**

To the best of my knowledge, all statements in this application are true and accurate. I have attached the required transcripts and forms. I understand that if I am awarded a scholarship, I agree to submit a photo for scholarship promotional purposes.

Printed Name

Signature

Date

For applicants whose family income includes parents' income, a parent must co-sign this statement.

Printed Name

Signature

Date

RETURN COMPLETED APPLICATION AND REQUIRED ATTACHMENTS TO:



Indiana Donor Network Foundation Scholarship
Attn: Philanthropic Committee
3760 Guion Road
Indianapolis, IN 46222-1618

Thank you for your interest in the Indiana Donor Network Foundation Scholarship.
If you have questions, please call The Philanthropic Committee toll-free at
(888) 275-4676.



INDIVIDUAL CONSENT TO RELEASE INFORMATION

I, _____, the undersigned, hereby grant my permission for Indiana Donor Network to use my name, likeness and/or statements I make that have been recorded, for the purpose of illustration, advertising, publication, public relations, used as part of a testimonial and/or a memorial or tribute, or incorporation in video or motion picture film, digital or film still photography, broadcast radio, television, cable or the internet, and used for the purpose of or in conjunction with, the promotion, education and/or create awareness of organ, tissue and eye donation and transplantation.

If box is checked, I hereby grant the Indiana Donor Network permission to use my loved one’s name, photo and/or likeness and/or statements attributed to them that have been previously written or recorded, for the purpose of illustration, advertising, publication, public relations, used as part of a testimonial and/or a memorial or tribute, or for incorporation in video or motion picture film, digital or film still photography, broadcast radio, television, cable or the internet, and used for the purpose of or in conjunction with, the promotion, education and/or create awareness of organ, tissue and eye donation and transplantation.

I therefore release and hold harmless Indiana Donor Network, its agencies and clients, from any and all claims or actions arising out of the use or in connection with, services rendered by the undersigned and the use of the undersigned and the undersigned’s likeness for the aforementioned purposes.

YOUR NAME: _____

NAME OF LOVED ONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: DAY (_____) _____ EVENING (_____) _____

SIGNATURE: _____

PRINTED: _____

DATE SIGNED: _____

INDIANA DONOR NETWORK STAFF SIGNATURE: _____

INDIANA DONOR NETWORK STAFF PRINTED NAME/TITLE: _____

DATE SIGNED: _____