2020 David Nelson Jr. Memorial Scholarship Application

The David Nelson Jr. Memorial Fund will be providing a \$1,000 academic scholarship to a child of a parent or guardian who was a deceased organ, tissue or cornea donor.

Contact Information Please Type or Print Name ____ Middle Address _____ Unit/Apt. No. State Zip Code Phone _____ Home Email Name of Donor _____ Date of Donation Relationship to Donor **Education Information** High School _____ From: ____ To: ____ Graduation Date College / University ______ From: _____ To: _____ **Family Information** Name of Parent/Guardian Occupation ____ Names / ages of other dependent family members: Age: Age: _____

Source:	Amount:	Applied/ Received (circle one)
Source:	Amount:	Applied/ Received (circle one)
Source:	Amount:	Applied/ Received (circle one)
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- Write an essay, maximum of 500 words, describing your personal donation story. Please include the following: who was the donor, what organs and tissues were donated, what has it meant to you and your family that your parent or guardian was a donor?
- Include a brief statement, summarizing academic ambitions and extracurricular and/or volunteer activities.
- Provide a current transcript and/or a letter of acceptance from a High School, College or Tech/Trade school.
- Submit two letters of reference from a non-relative.

I agree to	the terms	of the	scholarship	and	certify	that the	above	inform	ation	is true	and	accur	ate	to th	e
				$b\epsilon$	est of m	y knowl	edge.								

 Applicant's Signature	

Application Deadline: Postmarked by April 1, 2020

Mail Completed Application to:

Gift of Life Donor Program David Nelson, Jr. Memorial Fund Scholarship Attn: Lara Moretti, LSW, CT 401 N. 3rd Street Philadelphia, PA 19123





A Donate Life Organization