

Scholarship 2020

The Jessica Beth Schwartz Memorial Scholarship Fund, along with Transplant Foundation and Gift of Life Donor Program, will award up to four \$2,500 scholarships to young transplant recipients who are pursuing higher education.

About Jessica

Jessica was diagnosed with a congenital heart defect just a few days after she was born and by the time she was 14 her heart and body began to slow down. In September of 1994 she received the "gift of life" - a new heart. An avid student and artist, Jessica participated in all kinds of activities as a volunteer with Gift of Life Donor Program. She lived for eight and a half years after transplant, before her health began to fail. She passed away in March of 2003. She was just twenty-three years old. Jessica was in college at the time and was planning a career in Journalism.

The Memorial Scholarship honors Jessica's spirit and drive to continue her education, and wishes to support other young transplant recipients in their pursuit of knowledge.

To qualify for the Jessica Beth Schwartz Memorial Scholarship, the applicant must meet the following criteria:

- Be a solid organ transplant recipient
- Be a senior in high school or presently enrolled in a 2 or 4 year college, university, or trade/technical school
- Use the scholarship award for continuing education at an accredited college, university, or trade/technical school certificate program during the 2020-2021 academic year
- Reside in the Gift of Life service region (eastern half of Pennsylvania, southern New Jersey, or Delaware)
- Be under 25 years of age
- Cannot have received the Jessica Beth Schwartz Memorial Scholarship in the past



JESSICA BETH SCHWARTZ MEMORIAL Scholarship Application

To be considered for this educational scholarship, please submit the following: (Please Print)

Contact Information

Name:				
First		Middle		Last
Address:Street		Unit/Apt. I	No.	
City		State		Zip Code
Phone: Home			 Cell	
Email:				
Birthday:				
Education: High Scho	ool:			
From:		To:		
Graduation Date:				
College: From:		To:		
Expected Graduation	Date:			
Optional Information				
Name of Father or Gu	ıardian:		Occupation:	
Name of Mother or Guardian: Occupation: _				
Names/Ages of Other	Dependent Far	mily Members		
Name	Age	Name		Age
Name	Age	Name		Age

JESSICA BETH SCHWARTZ MEMORIAL Scholarship Application

Please attach the following documentation:

- 1. Personal Statement describing your transplant story and extracurricular and/or volunteer activities (500 words or less)
- 2. Essay describing an educational initiative you are prepared to undertake if you win this scholarship to promote organ and tissue donation and transplantation awareness to high school or college students (200 words or less)
- 3. Current transcript and Letter of Acceptance from a College or University
- 4. Two letters of reference from a non-relative (i.e.: transplant center, teacher, professor, employer)

I agree to the terms of the scholarship and certify that the attached information is true and accurate to the best of my knowledge.

Winners will be contacted by June 15th

APPLICATION DEADLINE: Postmarked by May 31st, 2020

Mail Completed Application To:

Jessica Beth Schwartz Scholarship c/o Gift of Life Donor Program Attn: Karen Keener 401 N 3rd Street Philadelphia, PA 19123

Questions: <u>janicedonahue98@verizon.net</u>

Jessica Beth Schwartz Scholarship Committee Chair