## 2026 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  |   |                 |               |     |
|---|---|-----------------|---------------|-----|
|   | First                                     | Middle          | Last          |     |
| Address   | Staat                                     |                 | Unit/Apt. No. |     |
|   | Street                                    |                 | Unit/Apt. No. |     |
|   | City                                      | State           | Zip Code      |     |
| Phone   |   |                 |               |     |
|   | Home                                      |                 | Work          |     |
| Email   |   |                 |               |     |
|   |   |                 |               |     |
| Name of Done  | or  |                 |               |     |
|   |   | Relationship to |               |     |
| Dute of Dona  |   |                 |               |     |
| Education In  | nformation                                |                 |               |     |
| High School _   |   |                 | From:         | To: |
|   |   |                 |               |     |
| Graduation Da   | ate                                       | _               |               |     |
|   |   | _               | From:         | To: |
| College / Univ  | versity                                   |                 | From:         | To: |
| College / Univ<br>Family Info   | versity                                   |                 |               | To: |
| College / Univ<br>Family Info   | versity                                   |                 |               | To: |
| College / Univ<br>Family Info<br>Name of Pare                               | versity<br><b>Drmation</b><br>nt/Guardian |                 |               | To: |
| College / Univ<br>Family Info<br>Name of Pare<br>Occupation                 | versity<br><b>Drmation</b><br>nt/Guardian |                 |               | To: |
| College / Univ<br>Family Info<br>Name of Pare<br>Occupation<br>Names / ages | versity<br>ormation<br>nt/Guardian        | amily members:  |               |     |

| Other Sources of Financial Aid Applied For or Received: |         |                                |  |  |  |
|---|---------|--------------------------------|--|--|--|
| Source:   | Amount: | Applied/ Received (circle one) |  |  |  |
| Source:   | Amount: | Applied/ Received (circle one) |  |  |  |
| Source:   | Amount: | Applied/ Received (circle one) |  |  |  |
| Source:   | Amount: | Applied/ Received (circle one) |  |  |  |

Also Include (attach statements):

- 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 information is true and accurate to the best of my knowledge.

Applicant's Signature

## Application Deadline: Postmarked by April 30, 2026

Mail Completed Application to:

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





A Donate Life Organization