

HIGH SCHOOL SCHOLARSHIP APPLICATION



Date:

Name:

Date of Birth:

Home Address:

City, State & Zip:

Phone:

Email:

Institution Attending:

Current High School:

Counselor Name:

Counselor Phone:

Counselor Email:

STUDENT INVOLVEMENT

Participation in School Blood Drive Program:

Donor Recruiter Volunteer Other (please specify):

Number of Blood Drives Organized and/or Attended:

Other Community Service Involvement:

STUDENT PROJECT OVERVIEW

Project (i.e. Essay, Webpage, Video):

Application continued on next page →

PERMISSION / SIGNATURES

I hereby give my permission to The Community Blood Center to publish or promote the project and likeness I submitted to the CBC High School Scholarship Program.

- I certify that I am a graduating senior for the current school year.
- I certify that I plan to attend a college, university or institute of higher learning.

Printed Name: _____ Signature: _____

Parent Name: _____ Signature: _____

(Parental consent needed if under 18 years of age)

Turn in to your school counselor by **March 20, 2020**. Late submissions may not be considered.



SAM |
blood donor

2019 Scholarship Recipients



GRACE |
blood donor

MKTG-2 8/23/19

Each participating high school must submit the winning application(s) with accompanying projects to the CBC Marketing Department by **April 17, 2020**.

Marketing Department
4406 W. Spencer St. | Appleton, WI 54914
marketing@communityblood.org
(800) 280-4102