

# High School Scholarship Application



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: \_\_\_\_\_

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# Student Project Overview

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## 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.

Turn in to your school counselor by **Friday, March 1, 2024.**

Late submissions may not be considered.

Printed Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

(Parental consent needed if under 18 years of age)

For more information call (800) 280-4102 or visit [communityblood.org](http://communityblood.org)

### High School Counselors:

Please submit winning application(s)  
and project(s) to the Marketing  
Department by **Friday, March 29, 2024**

### Marketing Department

4406 W. Spencer St. | Appleton, WI 54914  
[student@communityblood.org](mailto:student@communityblood.org)  
(800) 280-4102