



Transplant Recipients International Organization, Inc.

2011 Scholarship Application

TRIO will be awarding several non-renewable \$1,000 scholarships to transplant candidates, recipients, donors, and their immediate* family members. After selection is made by the Scholarship Committee, awards will be announced in the fall of 2011.

Applicant Criteria

Applicant must:

- ◆ be a TRIO member or an immediate family member*. (If you are not yet a member, TRIO encourages you to join a local chapter. If you have no local chapter, you may join as a Member at Large, online at www.trioweb.org, or ask for an application form: email info@trioweb.org.)
- ◆ be a solid organ or bone marrow candidate, recipient, donor, or an immediate family member*;
- ◆ have a cumulative grade point average of 2.5 or better;
- ◆ provide a current transcript;
- ◆ submit a statement about “How transplantation has affected my life”;
- ◆ have financial need;
- ◆ submit a statement of educational objectives and future life goals;
- ◆ submit 3 letters of recommendation;
- ◆ provide a copy of the acceptance letter to an accredited college, university, or trade/technical certificate program, (if an incoming freshman or returning adult student);
- ◆ use Scholarship Award for continuing education at an accredited college, university, or trade/technical school certificate program during the 2011-2012 academic year. (The award will be sent directly to the institution in the student’s name); and
- ◆ not be a previous TRIO scholarship recipient.

(* immediate family member = parent, child, spouse or sibling of TRIO member.)

Application Submission

Please submit hard copy of completed application and related materials
postmarked by June 30, 2011 to:

**TRIO Scholarship Committee
2100 M Street NW
Suite #170- 353
Washington, DC 20037-1233**

Incomplete or late applications will not be considered.



Transplant Recipients International Organization, Inc.

2011 Scholarship Application Form

Contact Information

Please Type or Print

NAME _____
First Middle Last

ADDRESS _____
Street Apt. No.

City State Zip Code

PHONE (_____) _____
Home Work

E-mail _____

Transplant/Donor Information

Are you a TRIO Member? Yes No

If not, name of family member who is: _____

Name of TRIO Chapter _____ OR: Member At Large

When did you or your family member become a member of TRIO? Year: _____

YOU ARE A (select one):

Transplant Candidate: _____
Type of Transplant

Transplant Recipient: _____
Type of Transplant Date

Family Member: _____
Relationship to Candidate or Recipient

Donor Family Member: _____
Relationship to Donor

Living Donor: _____
Relationship to Recipient

Education Information

High School: _____ From _____ To _____

Graduation: _____ G.P.A. _____

College/University: _____ From _____ To _____

Graduation: _____ G.P.A. _____

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Family Information

Name of Father or Guardian: _____ Occupation: _____

Name of Mother or Guardian: _____ Occupation: _____

Names/Ages of other dependent family members:

Name: _____ Age: _____

Additional Required Materials:

Also include (*attach statements*):

- Personal Statement describing personal history, educational and career ambitions. (not more than 500 words)
- Statement describing extracurricular and/or volunteer activities.
- Current transcript (high school or college, these do not have to be certified).
- Acceptance letter from College or University (if incoming freshman or adult returning student).
- Financial Needs Form completed
- Letters of recommendation (3 Academic and/or Personal).
- List of Honors and/or Awards.
- Statement about how transplantation has affected your life.

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 June 30, 2011

Mail Completed Application To:
TRIO Scholarship Committee
2100 M Street, NW, Suite #170-353
Washington, D. C. 20037-1233

**(2011 Scholarship Applications must be submitted in hard copy;
email applications are not accepted.)**

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FINANCIAL NEEDS STATEMENT

_____ (Social Security # will be requested if needed)
NAME _____

TUITION PER SEMESTER/YEAR: _____

ROOM & BOARD _____

BOOKS/SUPPLIES _____

MEDICAL INSURANCE _____

OTHER COSTS _____

TOTAL EXPENSES _____

FINANCIAL AID RECEIVED (OTHER GRANTS/AWARDS)

(THIS DOES NOT MEAN FAFSA LOANS SUBSIDIZED OR UNSUBSIDIZED)

-\$ _____

\$ _____

-\$ _____

-\$ _____

-\$ _____

Work Study Program YES NO Approximate Hourly Rate/Hours _____

Will You Work Part Time During School? Approximate Earnings _____

Student Savings _____

Student Income _____

If Under 24, Parents Adjusted Gross Income _____

If Over 24, Student's Adjusted Gross Income _____

How Many Others In Your Family Attending College This Year? _____