



**Suncoast Communities Blood Bank  
Scholarship Program**

Applicant name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
High School: \_\_\_\_\_  
GPA: \_\_\_\_\_ weighted \_\_\_\_\_ Unweighted

Dates of blood donations made your senior year:

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Dates of school blood drives at which you volunteered (three required if you did not donate blood three times your senior year, or volunteer at a donor center):

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Number of volunteer hours worked at a Suncoast Communities Blood Bank donor center (required if you did not donate blood three times, or did not volunteer at three school blood drives your senior year):

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Please answer the following questions on a separate sheet of paper, limit of 200 words per answer. If more than one sheet of paper is required, please put your name on each sheet.

1. Why did you choose to become a blood donor?
2. What did you learn as a blood donor or blood bank volunteer?
3. How would you motivate someone to donate blood for the first time?
4. What incentives could the blood bank offer to high school students to encourage blood donation?

**Must be delivered or postmarked no later than May 10, 2012**

Scholarship application check list (incomplete or late applications will not be considered)

- |  |   |
|--|---|
| <input type="checkbox"/> Scholarship application     | <input type="checkbox"/> Two teacher/administrator recommendation forms |
| <input type="checkbox"/> Volunteer confirmation form | <input type="checkbox"/> Official transcript                            |

I affirm that the information I have provided is accurate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date