



Applying for the LifeShare – University Health Services (UHS) Tuition Scholarship

About LifeShare

LifeShare Community Blood Services is a community-focused nonprofit organization committed to providing safe and adequate blood and blood component supply for patient healthcare in Northeast Ohio. Students across the region support our mission by donating blood. To acknowledge the crucial role students, faculty and administration play in helping maintain adequate blood supply, the LifeShare Community Blood Services Scholarship was created. University Health Services sponsors LifeShare blood drives at the Kent State University-Kent Campus. One \$500 scholarship is created for every 50 units of blood collected during the academic year.

Eligibility Criteria ----- Applicant Must:

- be enrolled during fall semester **2019** as a full-time or part-time undergraduate student at Kent State University-Kent Campus and be in good academic standing;
- be a U.S. citizen or permanent resident of the U.S.;
- submit a 1 page typed statement regarding: why you chose your college major, what contributions you would like to make to your field of study, and reflect on your academic excellence or recognition (e.g. awards, volunteer work);
- Applicant does not need to have ever donated blood.

Limitation of Support: The Scholarship is a one-time ONLY award for each recipient. The University Health Services scholarship selection committee will review all applications and select the recipients of the LifeShare Community Blood Services Scholarship. The LifeShare scholarship is to be used only for tuition. This scholarship, in conjunction with any other tuition-only awards, cannot exceed the amount of tuition. Students receiving a tuition waiver are not eligible for this scholarship award.

Important Instructions for Applicants: Submit a completed and signed application (with your required 1 page typed statement attached) to University Health Services by **4/26/2019**. Include your name, e-mail address, phone number and Banner ID on this typed statement. In addition, please respond to the following two questions: 1) Have you completed a Free Application for Federal Student Aid and 2) Do you give permission for Student Financial Aid to release information to the University Health Services scholarship selection committee. Please respond to these two questions at the top of your 1-page typed statement.

UHS will not process for review incomplete, late or ineligible applications. Scholarship application paperwork must be in a sealed envelope and mailed or dropped off to University Health Services. Be sure to note on the envelope: Attention LifeShare Scholarship-Office of Student Health Promotion. Recipients of this scholarship will be notified by UHS by **5/31/2019**.

During the first week of June 2019, UHS will provide LifeShare a copy of each recipient's scholarship application and assurance that the eligibility criteria have been met. Letters to the scholarship recipients will be sent in July from LifeShare and a check will be mailed to Student Financial Aid the first week in September. For more information about the tuition scholarship award, please contact Student Financial Aid.

University Health Services

P.O. Box 5190 • Kent, Ohio 44242-0001

Medical Services 330-672-2322 • Office of Student Health Promotion 330-672-2320 • Psychological Services 330-672-2487
Fax: 330-672-3711 • <http://www.uhs.kent.edu>

Find the
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in you.™

LifeShare
community blood services
www.lifeshare.cc

Application Form: LifeShare Community Scholarship and Grant Programs

SCHOLARSHIP APPLICATION

Amount of Check: \$ _____

Name: _____

DOB: _____ M F Student ID# or Last Four of SS#: _____

Home Address including City, State & Zip: _____

Phone: _____ Email: _____

US Citizen Permanent resident, include copy of Alien Registration Form

School Awarding the Scholarship: _____

Check Payable to (College/University I am attending): _____

Address including city, state & zip: _____

Applicant Signature: _____ Date: _____

Authorizing Signature: _____ Title: _____ Date: _____

GRANT APPLICATION

Amount of Check: \$ _____

Elementary/Middle School Name: _____

Contact Name: _____ Contact Number: _____

Email: _____ Purpose of Funding: _____

Check Payable to (School/Vendor Name): _____

School/Vendor Address including city, state & zip: _____

Authorizing Signature: _____ Title: _____ Date: _____

NOTE: An IRS Request for Taxpayer Identification Number and Certification (W-9) is required for every school.

Forward completed applications to your local donor recruitment representative.

LifeShare Approval: _____ Date: _____

NOTE: All applications must be legible and completed in full or may result in forfeiture of scholarship/grant funds. It is not the responsibility of LifeShare to complete the scholarship/grant applications.