



The South Bend Medical Foundation High School Heroes Scholarship Program

The South Bend Medical Foundation High School Heroes Scholarship Program was established to provide educational scholarships to students who have given back to their communities by donating blood during their high school career. The High School Heroes Scholarship helps academically motivated students who have donated blood attend college through \$1,000 annual renewable scholarships.

SELECTION CRITERIA

Students must meet the following criteria to be considered for the High School Heroes Scholarship:

- ❖ have donated at least **three** units of blood to The South Bend Medical Foundation during their high school career at either a high school blood drive or at a fixed site location;
- ❖ graduate from an accredited high school in the following counties: St. Joseph, Elkhart, LaPorte and Marshall in Indiana and Berrien in Michigan;
- ❖ possess a minimum 2.5 GPA and be in good academic standing;
- ❖ complete the FAFSA and submit their Student Aid Report (SAR);
- ❖ intend to pursue a full-time associate or baccalaureate course of study beginning in the Fall of the application year at an accredited, tax exempt public or private college or university.

One new award will be given each year in the amount of \$1,000 for tuition and fees. The award is renewable for up to four years of full-time study and should stay with the student as long as they remain in good academic standing and maintain a minimum cumulative GPA of 2.5/4.0.

REQUIRED DOCUMENTS

- Typewritten** application form (Downloadable at www.cfsjc.org/scholarships and www.givebloodnow.com).
- Required essay.
- Official transcript through senior year, fall semester (7th semester). Failure to provide an official transcript in the application packet will cause the application to be ineligible.
- Official copy of ACT/SAT results (results listed on your official transcript will be accepted).
- Letter of Recommendation
- To demonstrate financial need, students must submit the Free Application for Federal Student Aid (FAFSA) and forward the subsequent Student Aid Report (SAR) or Confirmation Page indicating their Estimated Family Contribution (EFC). EFC and student name must be listed on the SAR. SAR must be included with application.

APPLICATION SUBMISSION GUIDELINES

Please follow these guidelines for ease of duplication. Failure to comply with the directions will automatically disqualify your application.

- ❖ **Do not staple or fold application, attachments or letter of reference.**
- ❖ Application and letter of reference must be **typewritten**.
- ❖ All materials submitted must be clean, legible copies.
- ❖ Please submit one sided copies only.
- ❖ Additional information that has not been requested will not be accepted.
- ❖ **Incomplete applications will not be considered. There will be no exceptions.**

Please submit all required documents **at one time, in one envelope**. **Complete applications** must be **received via mail or postmarked by March 1st**. Applications can be mailed to The South Bend Medical Foundation at 3355 Douglas Rd, South Bend, IN 46635 - Attn: Colleen Hahn. It is the responsibility of the student to ensure the application is complete and all materials are received by The South Bend Medical Foundation on or before the postmarked deadline. **Late or incomplete applications will not be considered.**

The Selection Committee will base its decision on the following criteria: dedication to blood donation, GPA, SAT score, financial need, demonstrated leadership, involvement in school-related and community activities, employment history, written essays, and letter of recommendation. **The process and applicants' status is held in strict confidence.**



The South Bend Medical Foundation High School Heroes Scholarship Program

Name: _____
 First Middle Initial Last (Name You Prefer to be Called)
 High School: _____ How many times have you donated blood? _____
 GPA (7th semester): _____ SAT: _____ (highest math, written, and verbal) Class Rank: _____ of _____
Note: The GPA and SAT listed on this application form MUST match your transcript.

Permanent Address:

_____ Street City Zip Apt. Number
 Telephone No.: _____ - _____ - _____ Date of Birth: ____/____/____ Email: _____

Family Information (Provide the following information where applicable.)

Name of father/stepfather/guardian: _____
 Full Address (include city, state, zip): _____
 Father/stepfather/guardian occupation: _____
 Father/stepfather/guardian employer: _____
 Father/stepfather/guardian level of education completed (circle one):
 8th Grade High School Some College Baccaalaureate Masters Ph.D.

Name of mother/stepmother/guardian: _____
 Full Address (include city, state, zip): _____
 Mother/stepmother/guardian occupation: _____
 Mother/stepmother/guardian employer: _____
 Mother/stepmother/guardian level of education completed (circle one):
 8th Grade High School Some College Baccaalaureate Masters Ph.D.

Please provide the number of brothers and sisters living at home and the age of each.

Number of Siblings _____ and ages _____, _____, _____, _____, _____, _____, _____, _____.

Applicant Name: _____

College/University Information

List colleges/universities applied to **in order of preference**. Check status of acceptance.

1 _____	I have been accepted. I expect notification on _____
2 _____	I have been accepted. I expect notification on _____
3 _____	I have been accepted. I expect notification on _____

Major area of study, program or degree you plan to pursue: _____

Scholarship Awards (please check the boxes that are applicable)

I am eligible to receive a 21st Century Scholarship.

I am eligible to receive a tuition benefit based on my parent(s)/guardian(s) place of employment. (Please explain below the amount and length of the award.)

I have been notified of other scholarship awards. (Please list the name and amount of each scholarship you will be receiving below.)

Class Information

Are Advanced Courses/Honors Courses offered at your school during a regular school day?

Yes No

Please list all AP, IB, ACP, and Honors courses taken each year.

	Freshman	Sophomore	Junior	Senior
AP, IB, ACP Courses (Please label each)				

	Freshman	Sophomore	Junior	Senior
Honors Courses				

Applicant Name: _____

Work Experience (Indicate Dates of Employment, Employer, Hours Worked per Week, Nature of Work)
For those jobs where you are currently employed, please type "currently employed" in the *End* column.

Dates of Employment		Employer	Hours/ Week	Nature of Work
Begin	End			

Essays

Follow directions carefully. Please choose **one** of the questions below and attach a **typewritten** response, **not to exceed 300 words**. Please include the essay question at the top of each response.

When completing your essay, please remember this is an important part of your application. Along with content, your ability to communicate your ideas and write clearly will be taken into consideration.

1. Explain why donating blood is important to you?
2. What, in your opinion, is the number one reason that keeps your peers from donating blood? What could be done to encourage them to donate?
3. Write a short plan that uses social media such as Twitter and Facebook to gain awareness for your high school blood drive.

Additional Information

Indicate below any additional information or special circumstances which you believe should be considered by the Selection Committee. Please limit your response to the space provided.

Applicant Name: _____

Activities

Please identify activities, including years of participation and leadership under the most appropriate category. If additional pages are needed, blank forms are available at www.cfjsc.org. **Please do not abbreviate.**

	Check Years Involved					
	Fr.	So.	Jr.	Sr.		
Awards, Honors, Special Recognition					Brief description, if necessary.	
Community Activities (Scouts, Church, Synagogue, etc.)					Average Number of Hours/Year	Leadership Positions
Volunteer Community Service (LOGAN, Center for the Homeless, etc.)					Average Number of Hours/Year	Leadership Positions
Student Government					Average Number of Hours/Year	Leadership Positions

Applicant Name: _____

	Check Years Involved					
Athletics	Fr.	So.	Jr.	Sr.	Average Number of Hours/Year	Leadership Positions
Clubs (Please list the full club name)	Fr.	So.	Jr.	Sr.	Average Number of Hours/Year	Leadership Positions
Demonstrated Leadership or Special Talent not Previously Listed	Fr.	So.	Jr.	Sr.	Average Number of Hours/Year	Leadership Positions

Applicant Name: _____

Acceptance of responsibility Scholarship Program:

1. "If I receive this scholarship, it is my intent to pursue two or four years of undergraduate study on a full-time basis leading to an associate or baccalaureate degree at an accredited college or university."
2. "To assist with the processing of my scholarship payments each semester, I will forward immediately to the Community Foundation of St. Joseph County all invoices received for tuition and any eligible fees that may be covered by my scholarship."
3. "I will keep the Community Foundation of St. Joseph County apprised annually by June 1st of my enrollment and academic status during college, by completing and returning any surveys or forms as may be provided by the Community Foundation."
4. "I understand that to renew this scholarship, I must remain in good academic standing, achieve a cumulative G.P.A. of at least 2.5 (4.0 scale), and make satisfactory progress toward my intended degree."

Student Signature

Date

Please indicate how you heard about this scholarship (i.e. school newspaper, teacher, counselor, South Bend Tribune, etc.):
