

Transplant Support Organization, Inc.

1154 Webster Avenue New Rochelle, NY 10804 914-576-6617 www.transplantsupport.org

The TSO Memorial Scholarship

Please type or print clearly. Complete all parts of the application.

Name: _____
First Middle Last

Address: _____
Street City State Zip

Telephone: (_____) _____ E-mail Address: _____
Area Code Number

Date of Birth: ____/____/____ Female Male U.S. Citizen Legal Resident Other
Month Day Year

Parent/Guardian: _____
First Name Last Name Phone number

Academic Data

High School: _____ Date of Graduation _____

Counselor's Name: _____ Phone (____) _____

If Applicable:

Trade/Technical School: _____ Class of (Year) _____

College/University: _____ Class of (Year) _____

Additional Material

Please include the following additional items on a separate sheet of paper (check box if applicable)

- Leadership and Extracurricular Activities (describe activity and dates)
- Develop and initiate a donor awareness program within the school or community. Provide documentation of this program – i.e. photos, video tape, number of people enrolled in NYS Registry, letter from school, religious institution, etc.
 - Provide one reference from current school and a counselor's report plus one reference from outside community.
 - Provide a current official transcript and/or acceptance letter from the college, university or trade/technical school the applicant plans to attend.
- Honors and Awards (describe activity and dates)
- Community Service (describe activity and dates)

This application must be sent to the following address with a postmark on or before the deadline.

Mr. Jeffrey Graham
Transplant Support Organization
1154 Webster Avenue, New Rochelle, NY 10804

We will not discriminate based on race, gender, or sexual orientation.

"I certify that all the information included on this form and attachments is complete and accurate to the best of my knowledge."

Applicant's Signature

Date