Transplant Support Organization, Inc. 1335 Mace Avenue, Bronx, NY 10469 917-838-4525 <u>www.transplantsupport.org</u>

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: () Area Code Number	_ Email Address:	
Area Code Number		
Date of Birth: / / / Month Day Year	Female □ Male □	
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)
Additional Material		
Please include the following additional items on	a separate sheet of pape	(check box if applicable)
□ Leadership and Extracurricular Activities (describe activity and dates)		
		s program within the school or community.
Provide documentation of this progra- letter from school, religious institution		number of people enrolled in NYS Registry,
 Provide one reference from current se community. 		rt plus one reference from outside
 Provide a current official transcript and, if applicable, an 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 date	es)	
This application must be sent to the following address with a postmark on or before June 1 of the current academic year.:		
Transpor	t Support Organization, Ir	C.
1335 Mace Avenue Bronx, NY 10469		
	,	
We do not discriminate based on race, color, religion, national origin, citizenship status, disability, 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.		
Applicantly Cinnet		
Applicant's Signature	Date	