

# INDIVIDUAL SCHOLARSHIP APPLICATION

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Presented by the American Red Cross Carolinas Blood Services Region

Please complete the application below and attach the following documents:

- official high school transcript
- two letters of recommendation from non-relatives who have known the student for at least a year
- required essay

**Applicant Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Academic Performance & Plans

Weighted GPA: \_\_\_\_\_ Unweighted GPA: \_\_\_\_\_

Awards and honors received:

Extracurricular activities:

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Educational plans and goals following high school graduation:

## Volunteer Service

Have you been involved with the Red Cross? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what capacity?

I affirm that the information provided in this application is truthful and accurate.

\_\_\_\_\_  
Applicant Name (printed)

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

\_\_\_\_\_  
Date