



Scholarship Program

Realizing that transplantation poses financial hardships on the entire family, the Georgia Transplant Foundation annual awards seven academic scholarships to selected students who are transplant recipients, dependents of a transplant recipient, living donors, or the sibling of a transplant recipient under the age of 22. The scholarships are awarded to students who are presently enrolled in an accredited institution or beginning such a program.

Scholarships will be awarded for tuition, fees, and books and may include room and board costs. Scholarships are in the amount of \$1,000 and are renewable for a period up to four years depending on educational program requirements and continuing to meet grade requirements.

The Thomas F. Smith Scholarship is awarded to a transplant recipient in honor of, Thomas F. Smith. Mr. Smith, a kidney recipient, founded the Georgia Transplant Foundation in 1992.

The Dunkerley Family Scholarship is awarded to a dependent of a recipient in honor of the Dunkerley family. Founders Dick and Pat Dunkerley and their family are avid volunteers and have been instrumental in developing the programs of the Georgia Transplant Foundation.

The Theresa Lackey Living Donor Scholarship is awarded to a living donor. This scholarship was endowed by the Lumpkin family in honor of kidney recipient Karen Lumpkin Sortor's living donor Theresa.

The Sibling Scholarship is awarded to the sibling of a transplanted child 22 years old or younger.

Georgia Chapter of the International Transplant Nurses Society Scholarship is a one year scholarship to support an applicant, in the above categories, who is interested in pursuing a degree in healthcare. This scholarship is sponsored by Georgia Chapter ITNS.

Three additional GTF Scholarships are awarded to deserving applicants from the above categories.

ELIGIBILITY REQUIREMENTS:

Any of the following qualified individuals who are pursuing a post high school educational program at an accredited college, university, or technical school are eligible to apply.

- (a) A resident of Georgia AND
- (b) Already accepted or enrolled in an accredited college, university, vocational technical or professional degree program AND
 - Transplant recipient.
 - Dependent of a transplant recipient.
 - Parent of a transplant recipient 22 years of age or younger.
 - Living Donor.
 - Sibling of a transplant recipient (both the sibling and the recipient must be 22 years of age or younger).

GTF Scholarship Application Requirements

SCHOLARSHIP APPLICATION FORM

- All applicants must complete the Georgia Transplant Foundation (GTF) 4 page application.
- The postmark deadline is **June 1st**. Application, recommendations nor transcripts postmarked after the deadline will not be considered.
- Email or Faxed applications will not be accepted.
- Application form must be signed by applicant and parent if living in same household.

SCHOOL VERIFICATION/ OFFICIAL TRANSCRIPTS

- Graduating high school seniors should submit official transcript for grades 9-12.
- Graduating high school seniors should submit a copy of high school exit exam scores.
- GED certificate if applicable.
- College/ Technical students should submit transcripts for all course work at current institution instead of high school transcripts or exit exams.
- All must submit a copy of SAT, ACT or admission testing scores.
- Submit a copy of your acceptance letter to your current institution or most recent registration schedule.
- If your last schooling is more than 5 years past, current admission testing or SAT/ACT scores or are acceptable in the place of high school transcripts and exit exam scores.

STUDENT BIOGRAPHY

- Submit a Student Biography that lists school and unpaid community activities, special awards, honors, and leadership positions held.
- Include work experience listing dates of employment for each job and approximate number of work hours per week.
- Student Biography specifications: typed, double spaced – sample included.

PERSONAL STATEMENT

Be sure to include all of the following:

- Describe yourself as an individual; tell us something about you that would help us to know you better. You might relate some event that changed your life or beliefs, or an issue about which you have strong feelings, your life goals as they relate to your field of study.
- The personal statement should be written by the applicant. This statement is heavily weighted in the review process. Be sure to proof and spell check!
- Explain any situation or financial concern that could impact your educational goals.
- The personal statement should answer why you feel you are eligible for this scholarship.
- The personal statement should also address your plans as they relate to your education, career, and long-term goals.
- Essay specifications: typed, double-spaced, no more than 3 pages.

LETTERS OF RECOMMENDATION

- Include three sealed letters of recommendation. Recommendations should be brief. No letters from relatives or classmates will be accepted.
- Contact information for reference should be included.

INCOME TAX FORMS

- Copy of most recent Federal Income Tax Return, pages 1 and 2, showing adjusted gross income of all members of your household.

It is preferred that all parts of the application be mailed together. This includes transcripts and letters of recommendation.

Please submit entire Application Packet to: Georgia Transplant Foundation
6600 Peachtree Dunwoody Road
600 Embassy Row, Suite 250
Atlanta, GA 30328
Attention: Scholarship Program

Sample Student Biography

Mr. John Smith
1234 State Road
Anytown, USA 12345
404-333-1234

Anytown High School or University or Technical School

Community Service

Humane Society (September 2003-current)

- Washed animals and assisted with adoption process

American Cancer Society (June 2004-August 2006)

- Completed general office work and assisted at fundraisers

Special Awards, Honors and Scholarships

Student Award of Distinction (2006)

Senior Class Leadership Award (2006)

National Honor Society (2003-2006)

Scholarship of Merit; State University (2005)

Clubs & School Activities/Athletics

Key Club (2003-2006) President (2006)

Outdoor Club (2003-2006)

Drama Club (2002-2006)

Varsity Soccer (2002-2006)

JV Basketball (2002-2003) Captain (2003)

Work Experience

Brian's Hot Dogs (June 2006-August 2006)

- 20 hours/week

Shop-A-Rama (June 2005-August 2005)

- 20 hours/week

Skate 'n Fun (June 2004-August 2004)

- 20 hours/week

SCHOLARSHIP APPLICATION CHECK LIST

Please make sure your Scholarship Packet is complete by checking the following items:

- Scholarship Application Form
- Transcripts
 - High School transcript / College Technical school transcript
 - High School exit exams
 - GED Certificate if applicable
 - SAT/ACT/Admission exam scores
 - Acceptance letter or most recent registration forms
- Student Biography (see example)
- Personal Statement
- 3 Sealed Letters of Recommendation from:
 - _____
 - _____
 - _____
- Income Tax Forms- first 2 pages showing adjusted gross income
- Signatures
 - _____ Applicant
 - _____ Parent

Incomplete applications will not be considered or returned.



Georgia Transplant Foundation

Enriching Lives Everyday

Providing this information will not adversely affect any consideration you may receive for GTF services.

CLIENT INFORMATION: This is the person applying for the scholarship

First Name	Middle	Last Name	
Street Address		Apt/ Suite Number	
City	State	Zip Code	County
Home Phone	Cell Phone	E-mail Address	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	Spouse's Name
Date of Birth	Age	Social Security Number	Number in Household
		Number of Children (living in household)	

DEMOGRAPHIC INFORMATION:

Transplant Center	Date of Transplant	Organ
Follow-up Care		
Race Optional (Please Check): <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Black <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Asian-American <input type="checkbox"/> Asian-Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other		
Level of Education Optional (Please Check): <input type="checkbox"/> GED, <input type="checkbox"/> attended High School (number of years ____), <input type="checkbox"/> High School Graduate, <input type="checkbox"/> Technical Certificate / Diploma, College (number of years ____), <input type="checkbox"/> Associates, <input type="checkbox"/> Bachelors, <input type="checkbox"/> Masters, <input type="checkbox"/> PhD		
Current Source of Income: (Please check all that apply) <input type="checkbox"/> Full time employment <input type="checkbox"/> with benefits <input type="checkbox"/> Part-time employment <input type="checkbox"/> with benefits, <input type="checkbox"/> Retirement pension, <input type="checkbox"/> Working spouse, <input type="checkbox"/> Parent Income, <input type="checkbox"/> Social Security Retirement, <input type="checkbox"/> Social Security Disability (SSDI), <input type="checkbox"/> Supplemental Security Income (SSI)		
Work Status (Please check): <input type="checkbox"/> Currently employed, Employer Name _____ <input type="checkbox"/> Medically Disabled _____, <input type="checkbox"/> Retired, <input type="checkbox"/> Unemployed _____ Date Date		
Current Source of Healthcare Coverage: (Please check all that apply) <input type="checkbox"/> Insurance <input type="checkbox"/> Spouse's Insurance <input type="checkbox"/> Parent's Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> QMB Medicaid <input type="checkbox"/> Spend-down Medicaid <input type="checkbox"/> COBRA		

Check all that apply:

- Recipient Candidate Living donor JumpStart Client Wellness Conference Attendee
 Workshop attendee Mentor with Mentor Project GTF Volunteer/Board Member/Committee Member

How did you hear about GTF Services? GTF Website/Newsletter/Brochure _____
GTF Staff...Name _____ GTF Volunteer, Name _____
Transplant Center Staff, Name _____

2010 Scholarship Application Form

PERSONAL DATA:

Name _____
 (Last) (First) (Middle) (Name Called)
 Social Security # _____

QUALIFYING DATA:

(Check **all** that apply)

- | | |
|--|--|
| <input type="checkbox"/> Georgia Resident | <input type="checkbox"/> Sibling of a Transplant Recipient <22yo |
| <input type="checkbox"/> Transplant Recipient | <input type="checkbox"/> Living Donor |
| <input type="checkbox"/> Dependent of a Transplant Recipient | <input type="checkbox"/> Parent of a Transplant Recipient |

Name of Recipient _____ Date of Transplant _____ Type of Transplant _____

COLLEGE / PROGRAM INFORMATION:

Name of institution you plan to attend: _____

Reason for selecting this institution? _____

What degree or certificate are you pursuing? _____

Reason for selecting this career? _____

Freshman Sophomore Junior Senior other _____

Have you been accepted into this school or program? [] Yes [] No Date Accepted _____

What is your expected starting date? _____ Expected completion date? _____

SCHOOL VERIFICATION:

List all high schools, technical schools and colleges/universities which you have attended:

<u>School</u>	<u>GPA</u>	<u>City & State</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of your current school: _____

What is your present class standing or GPA? _____

High School Exit Scores _____
 (list scores here do not say see attached) Language Arts _____ Math _____ Social Studies _____ Science _____
 _____ Writing _____ Reading _____ SAT Score _____ ACT Score _____

ANTICIPATED COLLEGE EXPENSES:

Projected cost per year:	Tuition/fees	_____
	Books	_____
	Campus Housing	_____
	Meal Plan	_____
	Other	_____
	TOTAL	_____

Have you applied for, or received a Pell Grant or other governmental grants? _____ Yes _____ No
Amount \$ _____

Will you have tuition reduction or grants from the institution you are attending? _____ Yes _____ No
Amount \$ _____

Please list any other scholarships you have received, the amount and whether it is a one time or renewable scholarship.

Scholarship	Amount	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently owe a repayment on a student loan? _____ No _____ Yes, Approximate amount _____

FINANCIAL STATEMENT:

Applicants are encouraged to review any tax implications of this program with their professional tax advisor. Current year income tax return (pages 1-2 showing adjusted gross income) for parents and applicant must be attached.

Estimated total ANNUAL FAMILY income _____

Number of working adults _____ Number of children in applicant's family _____

Does the annual family income include:

Parent's income	_____	Will income continue during school? [] Yes [] No
Spouse's income	_____	Will income continue during school? [] Yes [] No
Applicant's income	_____	Will income continue during school? [] Yes [] No

Please list others in your household currently in school:

Name	Relationship	School (Elementary, High School, College)	Expected Date of Completion	Tuition

SIGNATURES:

I declare that the information reported is true, correct and complete.

Signature

Date

For applicants whose family income includes parents' income, a parent must co-sign this statement.

Signature of Parent

Date