



San Diego Blood Bank

Saving lives today. Improving life tomorrow.

Student Scholarship Application

STUDENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (include area code): Home: _____ Cell: _____

E-mail: _____

SCHOOL INFORMATION

Name of School: _____

Advisor/Chairperson: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (include area code): _____ Fax: _____

E-mail: _____

Affiliated Group (i.e. ASB, Key Club): _____

Submit completed application along with:

- Official high school transcript
- Letter of recommendation from non-relatives (letter must specify actual relationship with applicant)
- One page, single spaced essay which includes strategies that were used to encourage blood donations and increasing student blood drive participation at applicant's high school

All application materials must be postmarked or hand delivered no later than April 1 in one envelope to:

**San Diego Blood Bank
Attention: Director, Donor Recruitment
3636 Gateway Center Avenue, Suite 100
San Diego, CA 92102**