

Applying for the Vitalant-University Health Services (UHS) Tuition Scholarship

About Vitalant

Vitalant, formerly known as LifeShare Community Blood Services, has been serving Northeast Ohio since 1948, providing life-saving blood products to patients in need right here in our own backyard. We are part of the nation's second-largest non-profit transfusion medicine organizations (blood banks).

Our mission is to help people realize their life-transforming potential by offering convenient blood donation opportunities and sharing our expertise in transfusion medicine. Our kind, compassionate, and caring staff work tirelessly to provide a safe, comfortable environment for donors, as we understand that donating blood can be a rewarding and satisfying experience.

Kent State University earns one \$500 scholarship for every 50 units of blood collected during the academic year.

Eligibility Criteria:

To be eligible for the scholarship, the applicant must:

- Be enrolled during the fall semester **2020** as a full-time or part-time undergraduate student at Kent State University – Kent Campus and be in good academic standing;
- Be a U.S. citizen or a permanent resident of the US;
- Submit a 1-page typed statement regarding why you chose your college major, what contributions you'd like to make to your field of study, and reflect on your academic excellence or recognition (e.g. awards, volunteer work). Be sure to include your name, email address, phone number, and Banner ID.
- **Applicant does not need to have ever donated blood.**

Limitation of Support:

This scholarship is a one-time only award for each recipient. The UHS scholarship selection committee reviews all applications and selects the scholarship recipients. The Vitalant scholarship is to be used only for tuition. This scholarship, in conjunction with any other tuition-only awards, cannot exceed the amount of tuition. Students receiving a tuition waiver are not eligible for this scholarship award.

Important Instructions for Applicants


Submit a completed and signed application (with your required 1-page typed statement attached) to University Health Services by **4/24/2020**. In addition, please respond to these two questions at the top of your 1-page typed statement: 1) Have you completed a Free Application for Federal Student Aid and 2) Do you give permission for Student Financial Aid to release the information to the University Health Services scholarship selection committee.

UHS will not process for review incomplete, late, or ineligible applications. Scholarship paperwork must be in a sealed envelope and mailed or dropped off to University Health Services:

University Health Services
Attention Vitalant Scholarship – Office of
Student Health Promotion
PO Box 5190
Kent, OH 44242

Recipients of this scholarship will be notified by UHS by **5/31/2020**. During the first week of June 2020, UHS will provide Vitalant a copy of each recipient's scholarship application and assurance that the eligibility criteria have been met. Vitalant will mail scholarship checks directly to Student Financial Aid the first week in September. Please contact Student Financial Aid for more information about the tuition scholarship award.

For more information or to schedule a donation, call **440.322.5700** or visit us at vitalant.org

Find us @vitalant:   

vitalantSM 

Vitalant Community Scholarship and Grant Programs

Scholarship Application

Amount of Check: \$ _____

Name: _____

DOB: _____ M F Student ID# or Last Four of SS#: _____

Home Address including City, State & Zip: _____

Phone: _____ Email: _____

US Citizen Permanent resident (include copy of Alien Registration Form)

School Awarding the Scholarship: _____

Check Payable to (College/University I am attending): _____

Address including city, state & zip: _____

Applicant Signature: _____ Date: _____

Authorizing Signature: _____ Title: _____ Date: _____

Grant Application

Amount of Check: \$ _____

Elementary/Middle School Name: _____

Contact Name: _____ Contact Number: _____

Email: _____ Purpose of Funding: _____

Check Payable to (School/Vendor Name): _____

School/Vendor Address including city, state & zip: _____

Authorizing Signature: _____ Title: _____ Date: _____

NOTE: An IRS Request for Taxpayer Identification Number and Certification (W-9) is required for every school.

Forward completed applications to your local donor recruitment representative.

Vitalant Approval: _____ Date: _____

NOTE: All applications must be legible and completed in full or may result in forfeiture of scholarship/grant funds. It is not the responsibility of Vitalant to complete the scholarship/grant applications