Applying for the Vitalant – Kent State of Well-being (KSoW) Tuition Scholarship

About Vitalant
Vitalant Blood Donation is a community-focused nonprofit organization committed to providing safe and adequate blood and blood component supply for patient healthcare. Students across the region support our mission by donating blood. To acknowledge the crucial role students, faculty and administration play in helping maintain adequate blood supply, the Vitalant Blood Donation Scholarship was created. The Kent State of Well-being sponsors Vitalant blood drives at the Kent State University-Kent Campus. One $500 scholarship is created for every 50 units of blood collected during the academic year.

Eligibility Criteria ----- Applicant Must:
- be enrolled during fall semester 2024 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 permanent resident of the U.S.;
- submit a 1 page typed statement regarding: why you chose your college major, what contributions you would like to make to your field of study, and reflect on your academic excellence or recognition (e.g. awards, volunteer work);
- Applicant does not need to have ever donated blood.

Limitation of Support: The Scholarship is a one-time ONLY award for each recipient. The Kent State of Well-being scholarship selection committee will review all applications and select the recipients of the Vitalant Blood Donation Scholarship. 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 the Kent State of Well-being by 4/26/2024. Include your name, e-mail address, phone number and Banner ID on this typed statement. In addition, please respond to the following two questions: 1) Have you completed a Free Application for Federal Student Aid and 2) Do you give permission for Student Financial Aid to release information to the Kent State of Well-being scholarship selection committee. Please respond to these two questions at the top of your 1-page typed statement.

The KSoW will not process or review incomplete, late or ineligible applications. Scholarship application paperwork must be in a sealed envelope and mailed or dropped off to the Kent State of Well-being. Be sure to note on the envelope: Attention Vitalant Scholarship- Kent State of Well-being. Recipients of this scholarship will be notified by KSoW by 5/31/2024.

During the first week of June 2024, KSoW will provide Vitalant a copy of each recipient’s scholarship application and assurance that the eligibility criteria have been met. Letters to the scholarship recipients will be sent in July from Vitalant and a check will be mailed to Student Financial Aid the first week in September. For more information about the tuition scholarship award, please contact Student Financial Aid.
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.

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