

Transplant Recipients International Organization, Inc.

2024 Scholarship Application

Each year, TRIO awards several non-renewable \$1,000 scholarships to transplant candidates, recipients, donors, and their immediate family members*. After review and selection by the Scholarship Committee, awards will be announced in the fall of 2024.

Applicant Criteria

☐ Be a TRIO member or an immediate family member*. If you are not yet a member, TRI		
	encourages you to join a local chapter or as a member at Large, online at www.trioweb.org, or	
	ask for an application form by emailing info@trioweb.org . (Note: If you cannot afford the \$20	
	dues, you can still become a TRIO member as financial ability will not affect membership	
	application.) You must be a TRIO member for your application to be considered.	
	Be a solid organ or bone marrow candidate, recipient, donor, or an immediate family member*.	
	Have a cumulative grade point average of 2.5 or better.	
	Use the Scholarship Award for continuing education at an accredited college, university, or	
	trade/technical school certificate program during the 2024-25 academic year. The award will be	
	sent directly to the institution in the student's name.	
	Not be a previous TRIO scholarship recipient (previous applicants can re-apply).	
	If awarded a scholarship, agree to provide a short (250 words max) article about your	
	educational activities during the scholarship award year for TRIO's newsletter.	

(* immediate family member = parent, child, spouse or sibling of TRIO member.)

Application Submission

Application and all attachments must be submitted by 9 p.m. Eastern, June 30, 2024, to: info@trioweb.org

Instructions:

Complete this form electronically or in pen. If electronically, be sure to save the form (WITHOUT PASSWORDS) and then email to the address below. If in pen, scan the completed form and attachments and email to the address below. Letters of reference (WITHOUT PASSWORDS), if sent separately, are also to be sent to: info@trioweb.org

Late applications will not be considered.



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Contact Information

Please Type or Print

NAME _____ Middle Last ADDRESS ____ Apt. NO. State Zip Code PHONE () (____) ____ (By providing an email address, you are giving TRIO permission to contact you regarding TRIO activities and programs) **Transplant/Donor Information** Are you a TRIO Member? Yes ____ No ___If not, name of family member who is: _____ Name of TRIO Chapter ______ OR: Member At Large _____ When did you or your family member become a member of TRIO? Year ______ YOU ARE A (select one): Transplant Candidate: ___ Type of Transplant Transplant Recipient: ____ Type of Transplant Date Family Member: ____ Relationship to Candidate or Recipient Donor Family Member: _____ Relationship to Donor Living Donor: _____ Relationship to Recipient **Education Information** High School (if high school student): From ______To _____ Graduation Year: _____ Weighted G.P.A.:____ College/University (if college student): _____ From ______ To _____ Graduation Year: _____ G.P.A.____



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Family Information

Name of Father or Guardian:	Occupation:	
Name of Mother or Guardian:	Occupation:	
Required Materials: Instructions: Scan each attachment and label with Attachment # and your first and last name, (i.e. Attachment #1 John Jones (using your first and last name):		
I agree to the terms of the scholarship accurate to the best of my knowledge.	and certify that the above information is true and	
Applicant's Signature (if completing electronically, typing your	name will be considered signing)	

You must be a TRIO member to apply (see first page for information)

Application Deadline: received by 9 PM Eastern June 30, 2024

Incomplete or Late Applications Will Not Be Considered After Deadline.

Questions, further information, and to submit: info@trioweb.org