Transplant Recipients International Organization, Inc.

2021 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 2021.

Applicant Criteria

☐ Be a TRIO member or an immediate family member*. If you are not yet a member, TRIO encourages you to join a local chapter. If you have no local chapter, you may join 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 2021 academic year. (The award will be sent directly to the institution in the student’s name);
☐ Not be a previous TRIO scholarship recipient.

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

Application Submission

Application with all attachments must be submitted by 9 p.m., June 30, 2021, to:

info@trioweb.org

Instructions:

Complete this form, then save the form using the format:

TRIO Scholarship App Yourfirstname Yourlastname
i.e.: TRIO Scholarship App John Jones (using your own first and last name).

Email the saved form and attachments to: info@trioweb.org

Late applications will not be considered.
**Contact Information**

*Please Type or Print*

NAME ___________________________________________________________________________

First      Middle     Last

ADDRESS ___________________________________________________________________________

Street       Apt. No.

___________________________________________________________________________

City     State   Zip Code

PHONE (______) ____________________   (______) _____________________

Home       Cell

E-mail ____________________________________________________

(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: ______________________________________________________

From _________ To _________     Graduation Year: ___________     Weighted G.P.A.: ___________

College/University: ______________________________________________________

From _________ To _________     Graduation Year: ___________     G.P.A. ___________
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):

Attachment #1: Statement describing personal history, including how transplantation has affected your life.
Attachment #2: Statement describing educational and career ambitions, extracurricular and/or volunteer activities. Preference is given to applicants whose activities and recommendations reflect how transplantation has affected their lives.
Attachment #3: Current transcript (high school or college, these do not have to be certified).
Attachment #4: [High School Seniors only] Acceptance letter from College or University.
Attachment #5: Letters of recommendation (3 Academic and/or Personal with signature and contact information).
Attachment #6: List of Honors and/or Awards.

I agree to the terms of the scholarship and certify that the above information is true and accurate to the best of my knowledge.

________________________________________________________
Applicant’s Signature

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

Application Deadline: received by 9 PM Eastern June 30, 2021

Incomplete or Late Applications Will Not Be Considered After Deadline.

Questions or further information, contact: info@trioweb.org