



Dear Applicant:

Thank you for requesting an IOPO Foundation scholarship information packet. Indiana Organ Procurement Organization (IOPO) is the nonprofit health service dedicated to advancing organ, tissue, and eye donation throughout Indiana.

IOPO staff members have contributed monies to help fund educational scholarships for the family members of Indiana organ/tissue donors, as well as living-related transplant donors, transplant recipients and candidates, and their relatives. It is our hope that by providing scholarships, the selected scholarship winners will help further public education about organ, tissue, and eye donation.

The enclosed packet includes scholarship application requirements, application, and two recommendation forms.

Should you have any questions, please call Lindsay Fortman or Brenda Johnson toll-free at (888) 275-4676. We appreciate your interest in our scholarship, and we wish you the best in your educational endeavors.

Sincerely,

IOPO Foundation Scholarship/Care Council Members



IOPO Foundation Scholarship/Care Council  
Indiana Organ Procurement Organization, Inc.  
3760 Guion Road  
Indianapolis, IN 46222-1618

[www.iopo.org](http://www.iopo.org)

[www.facebook.com/indianaorganprocurementorg](https://www.facebook.com/indianaorganprocurementorg)

(888) 275-4676 TOLL-FREE



## Scholarship Application Requirements

1. Applicant must be a high school senior, college or technical student who will be applying for or attending in a full or part time status.
2. Applicant must be one of the following: a resident of Indiana and a relative of an Indiana organ/tissue donor or transplant recipient. A relative is defined as any person who is related by blood or marriage, or whose relationships are similar to that of persons who are related by blood or marriage, specifically including spouses, parents, children, grandparents, brothers, sisters, aunts, uncles, nieces, nephews, and cousins.
3. There are no age limitations imposed on any scholarship.
4. The scholarship award is for one year. Previous scholarship recipients are not eligible.
5. The sex, age, race, creed, or ethnic background of an applicant shall not be considered by the Scholarship committee and will have no bearing on the decisions rendered.
6. To be eligible for consideration, a candidate must submit all application forms and an essay in their entirety, postmarked no later than March 1<sup>st</sup> of the year that the scholarship is being sought. **APPLICATIONS THAT ARE NOT FILLED OUT COMPLETELY WILL NOT BE CONSIDERED FOR REVIEW.**
7. All applicants attending or seeking to attend a secondary school must be in the top 50% of their class. Provide most recent high school or college transcript showing a grade point average (GPA) of 2.0 or higher must be included with application.
8. Applicant must provide a letter of acceptance to an accredited college, university, or technical school (if incoming freshman).
9. Applicant must submit an essay (1,500 words minimum) describing career goals, experience with organ/tissue donation and/or transplantation, and personal goals. Essay will be judged on proper grammar and spelling, explanation of career and personal goals, and experience with donation. We are also interested in your contribution to promoting organ and tissue donor awareness. **Please use 1" margins, 12-point font and double space.**
10. All scholarships will be disbursed to the recipient's secondary school of choice in the form of a check at the appropriate time of payment for tuition or books. If using scholarship monies for books, recipient will be reimbursed for money after scholarship granted, with proof of purchase (receipt). No purchases will be reimbursed prior to receiving the scholarship.
11. An IOPO staff member will present each scholarship award at the recipient's award ceremony (if possible). Scholarship recipients are highly encouraged to attend an IOPO staff meeting to share their experience with organ/tissue donation.
12. Applicant agrees to submit a photo if they are awarded a scholarship. This will be used in internal IOPO staff communications, IOPO website, and other promotional materials.
13. Employees of IOPO or IOPO Foundation and their immediate family members are not eligible.



College/Technical School Attending:

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Intended Major:

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Campus Address:

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Campus Phone:

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When is your expected start date?

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When is your expected date of completion of college degree or certificate?

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## SCHOLARSHIP QUALIFICATIONS

Donor/Transplantation Status (Check and complete all that apply.)

<input type="checkbox"/> Organ and/or Tissue Donor Family Member	Relationship to Donor _____
Donor's Name _____	Date of Donor's Death _____

<input type="checkbox"/> Transplant Recipient/Candidate	Relationship to Recipient/Candidate _____
Recipient/Candidate's Name _____	Type of Transplant _____
	Transplant Date _____ (indicate "currently waiting" if applicable)

<input type="checkbox"/> Transplant Recipient Family Member	Relationship to Recipient: _____
Recipient's Name _____	

<input type="checkbox"/> Living Donor	Relationship to Recipient _____
Recipient's Name _____	Type of Transplant _____
	Date of Transplant _____

## EDUCATIONAL HISTORY

List high school from which you graduated, technical schools and colleges/universities previously attended.

School	City & State	Dates	Graduated (Yes or no)	GPA

## EXTRACURRICULAR ACTIVITIES

Please list any activities (civic, athletic, fraternal, religious, etc.) you have been involved in (past or present). Include any awards or honors received. If you have held an elected leadership position, please list.

Activities:	School	Community
1.	_____	4. _____
2.	_____	5. _____
3.	_____	6. _____

Awards & Honors:	School	Community
1.	_____	4. _____
2.	_____	5. _____
3.	_____	6. _____

Leadership Positions:	School	Community
1.	_____	4. _____
2.	_____	5. _____
3.	_____	6. _____

### Volunteer Experience:

Are you an IOPO Volunteer?  Yes  No

Willing to be contacted about volunteering?  Yes  No

### Other volunteer work:

1.	_____	4. _____
2.	_____	5. _____
3.	_____	6. _____

Work Experience: Do you work while attending classes?

Yes

No

*If yes, please fill out the information below.*

1. \_\_\_\_\_  Full time  Part time

Hours per week: \_\_\_\_\_

2. \_\_\_\_\_  Full time  Part time

Hours per week: \_\_\_\_\_

3. \_\_\_\_\_  Full time  Part time

Hours per week: \_\_\_\_\_

**FINANCIAL ASSISTANCE INFORMATION**

Please complete this section as completely and accurately as possible so that we can see a clear statement of your financial need.

Please **attach** fee schedule from the school you will be attending. Be sure to include tuition, fees, and room & board, if applicable.

Please **attach** a copy your SAR (Student Aid Report).

Projected cost per year	Tuition/Fees	_____
	Books	_____
	Campus Room & Board Expenses	_____
	<b>TOTAL</b>	_____

Estimated ANNUAL FAMILY gross income (before deductions/taxes): \_\_\_\_\_

Annual family income includes (check all that apply):

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
|   | Will income continue during school? |                             |
| <input type="checkbox"/> Parent(s)' income  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
| <input type="checkbox"/> Spouse's income    | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
| <input type="checkbox"/> Applicant's income | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
- Government assistance (i.e. Medicaid, Social Security) **NOTE: RECEIPT OF SCHOLARSHIP MAY AFFECT SOME FORMS OF GOVERNMENT ASSISTANCE. IT IS THE APPLICANT'S RESPONSIBILITY TO RESEARCH AND BE AWARE OF ANY RESTRICTIONS PLACED ON INCOME BY THESE PROGRAMS.**

OTHER FACTORS (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> One-parent household      | <input type="checkbox"/> Two-parent household |
| <input type="checkbox"/> One-income family         | <input type="checkbox"/> Two-income family    |
| <input type="checkbox"/> Other children in college |   |

Family size (please indicate the ages of any siblings/dependents residing in your home):

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Relationship of individuals contributing financially to your education costs: (example: parents, grandparents, significant other)

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Please list any situations (loss of parent or spouse, loss of job, other siblings/dependents in college, etc.) or medical problems (i.e., kidney disease, transplants, cancer, diabetes, disabilities, etc.) that have affected your family and its financial status, and could affect your ability to continue your education.

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Please list the sources and amounts of other financial aid you have received or expect to receive.

Description/Type of Financial Aid	Date Applied	Date Accepted	Estimated Amount

Do you currently owe a repayment on a student loan?       Yes    No   Approximate amount \_\_\_\_\_

Applicant must submit an essay (1,500 words minimum) describing career goals, experience with organ/tissue donation and/or transplantation, and personal goals. Essay will be judged on proper grammar and spelling, explanation of career and personal goals, and experience with donation. We are also interested in your contribution to promoting organ and tissue donor awareness. **Please use 1” margins, 12-point font and double space.**

To the best of my knowledge, all statements in this application are true and accurate. I have attached the required transcripts and forms. I understand that if I am awarded a scholarship, I agree to submit a photo for scholarship promotional purposes.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For applicants whose family income includes parents' income, a parent must co-sign this statement.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*RETURN COMPLETED APPLICATION AND REQUIRED ATTACHMENTS TO:*



IOPO Foundation Scholarship  
Attn: Care Council  
3760 Guion Road  
Indianapolis, IN 46222-1618

Thank you for your interest in the IOPO Foundation Scholarship.  
If you have questions, please call Lindsay Fortman or Brenda Johnson at (888) 275-4676.