## 2025 David Nelson Jr. Memorial Scholarship Application

The David Nelson Jr. Memorial Fund will be providing a \$1,000 academic scholarship to a child of a parent or guardian who was a deceased organ, tissue or cornea donor.

## **Contact Information** Please Type or Print Name \_\_\_\_ Middle Address \_\_\_\_\_ Unit/Apt. No. Zip Code Phone \_\_\_\_\_ Home Email Name of Donor \_\_\_\_\_ Date of Donation Relationship to Donor **Education Information** High School \_\_\_\_\_ From: \_\_\_\_ To: \_\_\_\_ Graduation Date \_\_\_\_\_ College / University From: To: **Family Information** Name of Parent/Guardian Occupation Names / ages of other dependent family members: Age: Age: \_\_\_\_\_

Source:	Amount:	Applied/ Received (circle on
Source:	Amount:	Applied/ Received (circle on
Source:	Amount:	Applied/ Received (circle one
Source:	Amount:	Applied/ Received (circle on

## **Also Include** (attach statements):

- Write an essay, maximum of 500 words, describing your personal donation story. Please include the following: who was the donor, what organs and tissues were donated, what has it meant to you and your family that your parent or guardian was a donor?
- Include a brief statement, summarizing academic ambitions and extracurricular and/or volunteer activities.
- Provide a current transcript and/or a letter of acceptance from a High School, College or Tech/Trade school.
- Submit two letters of reference from a non-relative.

I agree to	the terms	of the	scholarship	and	certify	that the	above	inform	ation	is true	and	accur	ate i	to th	le
				be	est of m	y knowl	edge.								

 Applicant's Signature	

## **Application Deadline: Postmarked by April 30, 2025**

Mail Completed Application to:

Gift of Life Donor Program

David Nelson, Jr. Memorial Fund Scholarship

Attn: Lara Moretti, LSW, FT

401 N. 3<sup>rd</sup> Street

Philadelphia, PA 19123



