

**The Michael A. Corea Memorial Scholarship
Sponsored by:
Transplant Recipients International Organization
Greater Cleveland Chapter
Application Form**

CONTACT INFORMATION

Please Type or Print

NAME _____

First

Middle

Last

ADDRESS _____

Street

Apt. No.

City

State

Zip Code

PHONE

(_____) _____ (_____) _____

Home

Work

E-mail _____ CELL (_____) _____

TRANSPLANT/DONOR INFORMATION

Are you a TRIO Member? Yes No

TRIO Chapter _____

Member At Large

If not, name of family member who is: _____

ARE YOU A:

Candidate: _____

Type of Transplant

Recipient: _____

Type of Transplant

Date

Living Donor: _____

Relationship to Recipient

Date

EDUCATION INFORMATION

High School:

_____ From _____ To _____

Graduation: _____ G.P.A. _____

College/University: _____ From _____ To _____

Graduation: _____ G.P.A. _____

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FINANCIAL NEEDS STATEMENT

Name: _____
Tuition per semester/year: _____
Room & board _____
Books/supplies _____
Medical insurance _____
Other costs _____
Total expenses \$ _____

FINANCIAL AID RECEIVED (OTHER GRANTS/AWARDS)

(THIS DOES NOT MEAN FAFSA LOANS SUBSIDIZED OR UNSUBSIDIZED)

\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Work study program Yes No
If yes, approximate hourly rate/hours _____

Will you work part time during school? Yes No
If yes, approximate earnings _____

Student savings, if any _____

Student income, if any _____

If under 24, parents adjusted income _____

How many others in your family attending college this school year? _____

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OPTIONAL INFORMATION

Name of Father/Guardian: _____ Occupation: _____
Name of Mother/Guardian: _____ Occupation: _____

Names/Ages of other dependent family members:
Name: _____ Age: _____

ADDITIONAL REQUIRED MATERIALS:

Please be sure to include along with this application (*attach statements*):

- Statement of educational goals and objectives (not more than 300 words).
- Personal statement describing how transplantation influences your life (250-300 words).
- Statement describing extracurricular and/or volunteer activities.
- Current transcript (high school or college, **these do not have to be certified**).
- Acceptance letter from College or University or trade school (**if incoming freshman or adult returning student**).
- Letters of recommendation (3 Academic and/or Personal).
- 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 Date

APPLICATION SUBMISSION

Mail completed application with all accompanying documentation to:

**Michael A. Corea /TRIO-Greater Cleveland Chapter Scholarship Committee
P.O. Box 93163
Cleveland, Ohio 44101-5163**

Questions regarding this scholarship or requests for applications for membership in Transplant Recipients International Organization, Greater Cleveland Chapter may be addressed to: triocleveland@triocleveland.org