Transplant Recipients International Organization, Inc.

2023 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 2023.

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 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 2023 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, 2023, 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.
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.___________
Transplant Recipients International Organization, Inc.  
2023 Scholarship Application (page 2 of 2)

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, educational and career ambitions, extracurricular and/or volunteer activities. Preference is given to applicants whose activities reflect how transplantation has affected their lives.
Attachment #2: Current transcript (high school or college, these do not have to be certified).
Attachment #3: [High School Seniors only] Acceptance letter from College or University.
Attachment #4: Letters of recommendation (3 Academic and/or Personal with signature and contact information).
Attachment #5: 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
(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, 2023

Incomplete or Late Applications Will Not Be Considered After Deadline.

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