



**American  
Red Cross**

# Drive to Serve Scholarship Application

## at Worthington Kilbourne High School

*Presented by the American Red Cross Central Ohio Blood Services Region*

Qualifications:

- Must be enrolled as a member in good standing of the Class of 2018 at Worthington Kilbourne High School
- Must have participated in a Red Cross Blood Drive as a donor or volunteer during the **2017-18** school year
- Must have been involved in other community service during the **2017-18** school year
- No GPA restrictions

Award: **Amount to be determined.**

**DEADLINE TO APPLY IS APRIL 6, 2018**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Educational plans and goals following high school graduation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Service

Date(s) of blood donation(s) at Red Cross Blood Drive(s) during the **2017-18** school year:

\_\_\_\_\_

Date(s) of volunteer service at Red Cross Blood Drive(s) during the **2017-18** school year:

\_\_\_\_\_

Below and on the top of the reverse side, please describe briefly other community service you have been involved in during the **2017-18** school year. Attach additional sheets if necessary.

Name of organization: \_\_\_\_\_ Hours of Service: \_\_\_\_\_

Type(s) of service: \_\_\_\_\_

\_\_\_\_\_

**OVER** →

Volunteer Service, continued

Name of organization: \_\_\_\_\_ Hours of Service: \_\_\_\_\_

Type(s) of service: \_\_\_\_\_

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Please answer both of the following questions. You may use the space below or write/type your responses on a separate page and attach it to this application.

a) How have your volunteer experiences changed you...How are you different as a result of your volunteer experiences?

b) Describe the most worthwhile volunteer experience you have been a part of and explain why you believe it to be the most worthwhile.

Please share with the screening committee any other information that you believe would be important for them to know as they consider this application for a service-based scholarship.

I affirm that the information provided in this application is truthful and accurate and understand that falsification of the information provided is grounds for revocation of this scholarship

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applications due to WKHS Counseling Center by 4/6/18**