

**DONATE LIFE AWARENESS OF NORTHERN NEVADA
THE TRANSPLANT NETWORK
EDUCATIONAL FINANCIAL AIDE APPLICATION**



The Transplant Network and the Donate Life Walk of Northern Nevada financial aide is intended to help support the educational needs of individuals personally affected by the transplantation process as demonstrated in the community. Please note; application submission does not guaranty financial assistance. Applications will be reviewed and additional information may be requested in order to complete the process. Applicants may be rejected at the discretion of the selection committee.

Biographical Information (Please type or print)

Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Transplant Specifics

| | |
|-------------------------------------|-------------------------------------|
| Organ or Tissue Transplanted: _____ | Name of Transplant facility: _____ |
| Date of Transplant: _____ | Name of Transplant Physician: _____ |

College Institution Attending

| | |
|--|------------------------------------|
| <input type="checkbox"/> University of Nevada Reno | Anticipated Graduation Date: _____ |
| <input type="checkbox"/> Truckee Meadows Community College | |
| <input type="checkbox"/> Western Nevada Community College | |
| <input type="checkbox"/> Other _____ | |

Educational Specifics

| | |
|--|----------------------------------|
| Field of Study: _____ | Degree Seeking: _____ |
| Current Grade Point Average: _____ | Class Standing: _____ |
| Number of Units Enrolled in This Semester: _____ | Number of Units Completed: _____ |

Note: If your medical condition limits your ability to attend school fulltime please contact your schools Disability Resource Center for Assistance. (Fulltime status may be achieved through a modification based on number units a student may complete.)

The information on this application is true to the best of my knowledge. Your signature below authorizes the release any and all records associated with this application, including school records.

Date: _____ Signature: _____

Due to the late introduction of the financial aid in 2010, we have extended the application deadline to August 10th.

The deadline for this application is July 30th for fall semester and November 30th for spring semester.

Please submit your application and the following to Donate Life Awareness Educational Fund, P.O. Box 7563, Reno, Nevada 89510-7563.

- 1) An essay describing your transplant story and the significance of transplantation in your life, include any community outreach you have done or are planning to do in efforts to raise awareness for organ and tissue donation.
- 2) Please include proof of transplantation such as documentation from the transplant facility or primary care physician.
- 3) Please include name and contact information of references in support your community outreach efforts.