

SIERRA NEVADA DONOR AWARENESS EDUCATIONAL FINANCIAL AID APPLICATION



Sierra Nevada Donor Awareness financial aid 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 <input type="checkbox"/> Truckee Meadows Community College <input type="checkbox"/> Western Nevada Community College <input type="checkbox"/> Other _____	Anticipated Graduation Date: _____
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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.) You must be enrolled in a minimum of three units.

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: _____

Please submit your application and the following to Sierra Nevada Donor Awareness Educational Fund, P.O. Box 7563, Reno, Nevada 89510-7563 or info@sierranevadadonorawareness.com.

- 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.