The PHS ImpactLife LifeSaving Scholarship

Name_____ Date:_____

Address:_____
_____

Personal Data:
Date of Birth_____

Number in Family:_____

Parent/Guardian:_____

Address:_____
_____

Gross Annual Family Income (Check one)

$ 0 to $15,000 ☐

$15,001 to $25,000 ☐

$25,000 to $40,000 ☐

Above $40,000 ☐

Educational Data:
Class Rank:_____OF_____ACT Composite Score:_____

Grade Point Average:_____

Total Number of Days Absent During Senior Year:_____

Name and address of college or university to which you have been accepted:
_____
_____

1. Briefly describe in 150 words or less why you feel you are deserving of this scholarship.

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2. Explain the benefits of blood donation and how blood products are used (200 word minimum).