



Scholarship Application

[LiveOnNY Foundation](#), the philanthropic arm of [LiveOnNY](#), is a 501(c)(3) tax-exempt organization of the Internal Revenue Code (Tax ID: 47-5156525), supports education and awareness of the lifesaving impact of organ and tissue donation and programs benefitting both donor families and transplant patients through their journeys.

LiveOnNY is a federally designated organ procurement organization (OPO) dedicated to saving lives, providing comfort, and strengthening legacies through organ, eye, and tissue donation. It was established in 1978 to serve a culturally and ethnically diverse population of 13 million residents in New York City, Nassau, Suffolk, Westchester, Orange, Putnam, Dutchess, and Rockland. We work closely with donor hospitals and transplant centers to help increase the number of honored and saved lives in New York through public awareness and medical education about the lifesaving and life-enhancing benefits of organ and tissue donation and transplantation.

The LiveOnNY Foundation will award up to ten (10) \$2,500 scholarships **annually** to rising High School students accepted in college/professional certification program and college students demonstrating financial need declaring a major in health and human services currently residing in the LiveOnNY donation service area. Priority will be given to dependents of donor hero and transplant recipients.

Timeline:

Applications are accepted **January 1 - April 13** annually. Applicants will be notified in early June of status.

QUALIFICATIONS

STUDENT STATUS

Rising High School students accepted to college or professional certification programs in health and human services programs. Examples include nursing, clinicians, social work, or premed.

OR

College students declaring majors' health and human services program. Examples include nursing, clinicians, social work, or premed.

FINANCIAL NEED

To demonstrate financial need please include **one** of the following:



- If you have been granted Pell Grants, Federal Work-Study or Direct Subsidized Loans and please attached a copy of your paperwork.
- A copy of your Free Application for Federal Student Aid (FAFSA) application.

Location

Students must permanently reside in the LiveOnNY donation service area - New York City, Nassau, Suffolk, Westchester, Orange, Putnam, Dutchess, and Rockland. School location is not a factor.

Area of Study

Use the scholarship award for education at an accredited college, university or trade/technical school certificate program in health and human services.

Age Requirement

Applicants must be under 25 years of age.

To apply please email the following to:

foundation@liveonnyfoundation.org

Subject: Your name – Scholarship application

Attach the following:

1. Completed application (please print)
2. Letter of acceptance to college/university or trade program.
3. Two letters of reference from a non-relative (transplant center, teacher, employer, church)
4. Financial need documentation:
 - If you have been granted Pell Grants, Federal Work-Study or Direct Subsidized Loans and please attached a copy of your paperwork.
 - A copy of your Free Application for Federal Student Aid (FAFSA) application.

(please save your documentation as “your name – document name i.e., Pell)

APPLICATIONS ARE ACCEPTED JANUARY 1 - APRIL 13 ANUALLY



SCHOLARSHIP APPLICATION Due April 13	INTERNAL USE ONLY		
	Approved	Funding Cycle	Amount

Name:					
Address:					
Phone:			Email:		
DOB			Age:		
Donor Hero Dependent	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Transplant Recipient Dependent	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EDUCATION			
Current:	<input type="checkbox"/> High School	Graduation Date:	
	<input type="checkbox"/> College	(From X to X)	
College/University/Trade School Name			
Address:			
Major			

FAMILY INFORMATION			
Name (Father or Guardian)		Occupation	
Name (Mother or Guardian)		Occupation	
Other Dependents		Age	
Other Dependents		Age	
Other Dependents		Age	
Other Dependents		Age	



PERSONAL STATEMENT

Please submit a statement detailing one or more of the following: your transplant story, connection to your area of chosen study, or volunteer activities. (500 words or less)

I agree to the terms of the scholarship and certify that the information included in this application and attachments are true and accurate to the best of my knowledge.

Applicant Signature

Date

E-mail your application and attachments to:

foundation@liveonnyfoundation.org

Subject: Your name – Scholarship application

Please save all your attachments in the following format: “name – Attachment type i.e. Pell”

STOP - HAVE YOU INCLUDED ALL NECESSARY ATTACHMENTS?

1. Application
2. Financial need documentation
3. Letter of acceptance to school