Northern California Community Blood Bank
Community Impact Scholarship Program
Application Form and Questionnaire

Name: Date of Birth:

Home Address:

City, State & Zip:

Phone: Email:

College/Program/Institution Attending:

Current High School:

Counselor Name:

Counselor Phone: Counselor Email:

☐ I have attached a photograph of myself

Student Volunteer Involvement

Select all that apply:

- ☐ Donated Blood
- ☐ Hosted a Blood Drive
- ☐ Recruited Donors
- ☐ Volunteered at a Blood Drive or the Blood Bank
- ☐ School/Community Health Education Project
- ☐ Other Community Service Involvement (please specify):

Describe volunteer involvement:

If your community service involvement is with an organization other than the blood bank, provide contact information for a supervisor, counselor, or other reference with knowledge of the work or project:

If you are a blood donor and your school's final blood drive of the year is after the scholarship submission deadline, please note the date that you intend to make your next blood donation:

If you have volunteered at a blood drive or the Blood Bank, list volunteer date(s):

If you have recruited blood donors, provide the names of your donors for the Northern California Community Blood bank to verify:

Questionnaire

If you require more space to complete questionnaire, please attach additional pages.

1. Why is community health important to you?

2. If you are a blood donor, why did you choose to start donating blood?

3. What would you say to encourage or inspire someone who has never donated blood before?

4. Do you know anyone whose life has been impacted or saved by blood transfusion? If so, tell us about that experience.

5. How would you inspire young people to donate blood or raise awareness about its importance?

6. How do you think blood donations impact your community, and the lives of others?

7. How do you stay involved in the community and your school?

8. What are some of your hobbies?

9. What is an achievement you have made that you are most proud of?

10. What are your plans after high school?

Permission & Signatures

I hereby give my permission to the Northern Community Blood Bank to publish or promote the project and likeness I submitted to the Northern Community Blood Bank Community Impact Scholarship Program.
• I certify that I am a graduating senior for the current school year.
• I certify that I plan to attend a college, university or institute of higher learning.

Student's Printed Name: _____

Student Signature: _____ Date: _____

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____

(Parental consent needed if under 18 years of age)

Submit Application and related documents to the Northern Community Blood Bank by March 10th of senior year.

If you have any questions regarding the Scholarship application, deadline, or program in general, please email recruitment@nccbb.org or call (707) 443-8004.