

NJ Sharing Network Foundation Presents Scholarships for 2017-18

NJ Sharing Network Foundation is pleased to announce the availability of two (2) scholarships, the Missy's Miracle Scholarship and the Betsy Niles Scholarship, both in the amount of \$5,000 (\$2,500 per semester) for the 2017 - 2018 academic year.

Betsy Niles Scholarship



The Betsy Niles scholarship is offered in memory of Betsy Niles, a children's book editor and lifelong resident of Montclair. Betsy died in 2011 and, in keeping with her tradition of lifelong giving, her organs were donated. Betsy was known for always giving the perfect gift for every occasion. Betsy's last gift was the greatest gift of all, the gift of life.

Missy's Miracle Scholarship



The Missy's Miracle scholarship was created in celebration of the 30th Anniversary of Missy Rodriguez's liver transplant.

About the Scholarships

Scholarship awardees must be awareness advocates or have been personally affected by or is a family member of someone personally affected by organ and tissue donation and transplantation (*i.e.: organ and/or tissue donor, living donor, transplant recipient, waiting for a transplant, or died waiting for a transplant*).

Missy's Miracle Fund, Betsy Niles Fund and our Foundation are committed to increasing the number of lives saved through research, donor family support, education and public awareness about the life-saving benefits of organ and tissue donation and transplantation. Scholarships are awarded to honor those who gave, pay tribute to those who received, offer hope to those who continue to wait, and remember the lives lost while waiting... for the gift of life.

Deadline – Must be received or postmarked by April 7, 2017

The NJ Sharing Network Foundation
691 Central Avenue
New Providence, NJ 07974



Eligibility Requirements:

- Student must be a New Jersey resident
- Student must be a **full time high school senior**, who will be entering college in Fall 2017
- Student must be must be awareness advocate or have been personally affected by or is a family member of someone personally affected by organ and tissue donation and transplantation (*i.e.: organ and/or tissue donor, living donor, transplant recipient, waiting for a transplant, or died waiting for a transplant*).
- Student must be in **good academic standing**
- Employees of NJSN or the NJSN Foundation, their spouse and/or children **are not eligible** for scholarship consideration.
- Board Members of NJSN and the NJSN Foundation, their spouse and/or children **are not eligible** for scholarship consideration.

Application Requirement Checklist:

Three letters of Recommendation

We ask that your involvement in donor awareness activities be highlighted; a letter from a supervisor of that organization would be helpful.

**NJ Sharing Network or Foundation personnel are not eligible to write letters of recommendation.*

Current Transcript

Essay about organ and/or tissue donation

How organ and tissue donation has impacted your life, knowledge of organ and tissue donation, active participation in awareness events, etc.

Hint: *Organ and tissue donation awareness involves educating the general public about the importance of donation. You should elaborate on your activities to promote organ, tissue and eye donation as donor awareness advocacy is the major factor in determining the scholarship award.*

Submission

After completing this application electronically, please print and mail to the address below with all requested application requirements and paperwork: **The NJ Sharing Network Foundation, Attn: Kelly Bonventre, 691 Central Avenue, New Providence, NJ 07974**

Please Note:

- All the above application requirements must be met in full.
- All paperwork must be submitted in one single packet.
- Applications which do not meet these requirements will be considered incomplete and applicants will be ineligible.

Deadline – Must be received or postmarked by April 7, 2017

The NJ Sharing Network Foundation
691 Central Avenue
New Providence, NJ 07974



2017-18 SCHOLARSHIP APPLICATION

Personal Information:

Name:

Address:

Preferred Phone Number: Cell Home Other

Email Address:

Birth Date:

Local Newspaper:

Address:

Phone Number:

Affiliation: *(Check all applicable)*

	Self	Family Member
Living Donor	<input type="checkbox"/>	<input type="checkbox"/>
Donor Family Member	<input type="checkbox"/>	<input type="checkbox"/>
Recipient	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for a Transplant	<input type="checkbox"/>	<input type="checkbox"/>

Education:

Name of High School: _____ Dates Attended: from – to _____

Graduation Date: _____ Current GPA: _____

School Counselor: _____ Guidance Phone: _____

College you plan to attend or colleges to which you have been accepted:

Work Experience:

Name of Employer: _____ From: _____ To: _____

Deadline – Must be received or postmarked by April 7, 2017

The NJ Sharing Network Foundation
 691 Central Avenue
 New Providence, NJ 07974



Name of Employer:

From:

To:

Organ donor awareness volunteer activities:

Family Information:

Mother/Guardian

Name:

Occupation:

Contact information:

Daytime phone:

Evening Phone:

Father/Guardian

Name:

Occupation:

Contact Information:

Daytime phone:

Evening Phone:

Funding Requirements:

*The Awardee of this scholarship will receive the scholarship funds in two payments; one for the Fall Semester and one for the Spring Semester. The award will be paid directly to the school. **Receipt of the second half of the award will be contingent upon submission of a brief report (1 typed page) describing your recent achievements and activities involving organ and tissue donation advocacy, which will be due in December.** A school transcript will be required at that time. A minimum of a C average, or its equivalent, will be required for receipt of the second half of the award.*

I hereby authorize and give consent to be contacted by NJ Sharing Network or any of its partners regarding my own personal story as a recipient, donor family member or advocate.

APPLICANT'S SIGNATURE _____

DATE _____

Deadline – Must be received or postmarked by April 7, 2017

The NJ Sharing Network Foundation
691 Central Avenue
New Providence, NJ 07974



If I am selected to receive this scholarship, I will be available to attend a reception announcing the successful scholarship awardee.

YES NO

MAIL COMPLETED APPLICATION TO:

NJ Sharing Network
Attn: Kelly Bonventre
691 Central Avenue
New Providence, NJ 07974

****Faxes will not be accepted. Please keep a copy of completed application for your records.***

FOR YOUR INFORMATION:

Notification to Successful Applicant – **May 1, 2017**

The decision of the Scholarship Committee is final.

Payments to the college or university will be made in 2 installments. Checks will be made payable directly to the institution you attend. Please notify the NJ Sharing Network Foundation immediately if there is a change in your academic status.

****Send questions to: scholarship@njsharingnetwork.org ****

DEADLINE – complete application must be received or postmarked by April 7th, 2017

**This is a firm deadline and will not be extended.*

Deadline – Must be received or postmarked by April 7, 2017

The NJ Sharing Network Foundation
691 Central Avenue
New Providence, NJ 07974

