THE ADAM ST. MARTIN FOUNDATION
Scholarship Fund

The purpose of the Foundation's Scholarship Fund is *to offer financial support to college bound students who have had organ or tissue transplants, whose family members have been donors and to those students who exemplify the attitude of achievement regardless of the challenges. The Adam St. Martin Foundation will also offer financial support through grants, to donor families who through their suffering offered the gift of life to others.*

Who is eligible?

Applicants must be currently enrolled in a fully credited high school or community college. A grade point average of 2.0 is required and must be maintained; 12 college units per semester/quarter must be taken. Unusual circumstances may allow an applicant the opportunity to apply if less than 12 units per semester/quarter are taken. The applicant must be a United States resident and must be 18 years or older. This application is for students who require financial aid.

Submission Method

Applicants are required to submit an essay of no less than 500 words and no more than 800 words. Applicants are also required to fill out the General Information which follows. Essays may be submitted electronically or by mail; handwritten submissions will not be accepted. The essay must consist of the following:

1. Applying your life's experiences as it relates to the Foundations "purpose" statement.

2. Please include significant dates, events (your age as those events occurred) and persons

3. Please place the following on your submission; The Adam St. Martin Foundation Scholarship Essay; your signature and that of a parent, guardian or significant person in your life. Include the contact information for that person. Include the following at the beginning of the first essay page … your full name (first, middle and last), complete home address including zip code, home telephone number with area code, date of birth and email address.

Scholarship Amount

The amount of scholarships is at the discretion of the Adam St. Martin Foundation Scholarship Awards Committee.

Please mail entries to:

The Adam St. Martin Foundation
Scholarship Awards
7119 W. Sunset Boulevard, Suite 216
Los Angeles, California 90046

Limitation of liability

The Adam St. Martin Foundation is not responsible for any incorrect or inaccurate information, technical error, or human error which may occur in the processing of submissions. The Adam St. Martin Foundation reserves the right, at its sole discretion, to cancel, terminates, modify or suspend this scholarships offer, in whole or in part, at any time.

All submissions become property of the Adam St. Martin Foundation and will not be returned; email entries are accepted.

GENERAL INFORMATION – Please print or type the information. This information along with the essay may be submitted through mail or electronically. Please be sure to submit this completed application with two letters of recommendation.

Last name First Name MI	Email
Permanent Address	Telephone Number
City State Zip	Mobile Telephone Number
Parent/Guardian	Relationship
Parent/Guardian Telephone Number	Parent/Guardian Email

PHYSICIAN INFORMATION - Please provide the contact information for the scholarship applicant's physician.

Physician	Physician Telephone Number

Physician's Address

City, State, Zip

PART I -- Academic Information

Major: _____   Career Goal: _____

Anticipated Graduation Date (High School/Community College) _____

School you plan to attend   _____

High School attended   _____

Community College attended _____

Current Class Level (Check One)

- Entering from high school (please submit transcripts)   _____
- Second year student (community college; 30+ units)   _____
- First year student (community college; 0-30 units completed)   _____
- Transferring student to a 4 year college (transferring fall 2010)   _____

PART II -- Personal Information: Your response to this section is optional and intended solely for identifying applicants for designated scholarships.

Caucasian	_____	African American	_____
Asian/Pacific Islander	_____	American Indian	_____
Hispanic	_____	Other	_____

Has either of your parents obtained a college/university degree?   Yes/No

Are you currently participating in Disabled Student Program & Services?   Yes/No

Please answer the following questions (attach sheets if necessary)

1. Briefly describe the medical challenges?

[ ]

Name of physician _____

Physician's Contact Information _____

2. Briefly describe your educational goals.

[ ]

3. Describe any community service involvement or school services involvement. Include clubs, teams and memberships.

4. Do you need financial assistance to continue your studies? Please explain.

5. What are your career aspirations and why have you selected this field?

PART III -- Essay

Attach a typed essay of no less than 500 words and no more than 800 words with your application. The essay must consist of the following:

- Applying your life's experiences as it relates to the Foundations "purpose" statement.
- Please include significant dates, events (your age as those events occurred) and persons.

_____   _____
Applicant Signature   Date

_____   _____
Parent Signature   Date