

Partners for *Life* Scholarship

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Objective of Scholarship:

This scholarship's intent is to foster high school participation with Cape Fear Valley Blood Donor Center by encouraging high-school seniors to take an active role in planning and executing blood drives at their school.

Administration of the Program:

The scholarship is funded through donations to Cape Fear Valley Health Foundation, and jointly administered by the Foundation and the Blood Donor Center.

Amount of Scholarship: One-time \$500 award for one student, per high school.

Who is eligible?

High-school seniors, who help plan and execute a blood drive at their school, can apply. Their schools must have hosted at least two blood drives within the past 12 months *or* met the minimum number of donors required per site size.

Applicants are expected to plan to pursue a degree in the health sciences or health occupations field of study. Eligible seniors may apply without regard to race, gender, color, age, national origin, religion, or physical or mental disability, provided all other criteria are met.

Other Eligibility Criteria:

1. The applicant must be actively involved in the planning and execution of the blood drives.
2. Student must have a minimum average GPA of 2.50 (unweighted).
3. Student has been admitted to an accredited course of study to a two or four-year college or university.

Application Requirements:

1. Completed application
2. Official high school transcript
3. Letter of nomination by high-school advisor overseeing the blood drives
4. Letter of recommendation from someone other than the above advisor
5. Copy of college acceptance letter

Deadline:

*Application must be received or postmarked to Cape Fear Valley Health Foundation no later than **March 27, 2026**.*

Please mail to: *Cape Fear Valley Health Foundation, P.O. Box 87526, Fayetteville, NC 28304*

*Or drop off at: Cape Fear Valley Health Foundation • Medical Arts Building, 101 Robeson Street, Suite 106
Fayetteville, NC 28301*



Partners for Life Scholarship Application

Please include the following information:

Name: First _____ MI _____ Last _____

Address: Street _____ City _____ Zip code _____

Phone Number: (_____) _____ - _____

Email: _____ @ _____

Name of Parent or Guardian: First _____ Last _____

Address: Street _____ City _____ Zip code _____

High School: _____

Address: Street _____ City _____ Zip code _____

College Applicant Plans to Attend: _____

Address: Street _____ City _____

State _____ Zip code _____

Area of Study: _____

Essay (500 - 750 words): *Describe how participating in and leading your school's blood drives has contributed to your interest and prepared you for a health sciences career. Include specific examples which have impacted your career aspirations. Attach to application.*

Please attach high school transcript, letters of nomination and recommendation, a copy of college acceptance letter and essay with this completed application.

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CAPE FEAR VALLEY
BLOOD DONOR CENTER

CAPE FEAR VALLEY HEALTH
FOUNDATION