



**TEXOMA REGIONAL BLOOD CENTER  
HIGH SCHOOL SENIOR DONOR ADVOCACY SCHOLARSHIP PROGRAM  
2024-2025**

Texoma Regional Blood Center, announces the 2024-2025 **High School Senior Donor Advocacy Scholarship Program**. Under the Program, scholarship(s) will be awarded to seniors attending a high school located in the communities of Grayson, Fannin, and Cooke Counties that Texoma Regional Blood Center serves.

**Program Guidelines & Priorities:**

- Seeking graduating High School Seniors attending schools located in the communities served by Texoma Regional Blood Center.
- Applicants must be a graduating High School Senior during the 2024-2025 school year.
- Scholarship funds for selected recipients will be payable **the first semester of the student's first year directly to the college** and not to the student. It will be the student's responsibility to submit invoices for first semester tuition and fees to Texoma Regional Blood Center at that time, student ID number and college information must be included on invoice.
- Applicants must have the endorsement of their High School Blood Drive Coordinator or Guidance Counselor on their application attesting they are a graduating senior for the 2024-2025 school year. **Texoma Regional Blood Center strongly suggests that each high school present this opportunity to the all students that meet this program's guidelines.**
- The recipient selection will be based on completion of this application, written essay, and the number of advocated donors that donate successfully on your behalf throughout the school year. Donations will be tracked on the Red Cord Community Service business cards that will be supplied by your High School Blood Drive Coordinator or Guidance Counselor.

**Please Note:** If your school does not participate in the Red Cord Community Service Program you will still be eligible to participate in the Scholarship Program and the same business cards will be used to track advocated donations.)

Application deadline is **May 10, 2025 by 5:00 p.m.** Late applications will not be accepted.

**(This includes application with signoff by High School Blood Drive Coordinator or Guidance Counselor and Essay.)**

Please Mail Completed Application to the address below or email to:

**tjones@texomablood.org**

**Texoma Regional Blood Center**  
C/O Scholarship Program  
3911 Texoma Parkway  
Sherman, TX 75090



**TEXOMA REGIONAL BLOOD CENTER  
HIGH SCHOOL SENIOR DONOR ADVOCACY SCHOLARSHIP APPLICATION 2024 -2025**

Please clearly <b>print</b> your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: _____ Email Address: _____
4.	Date of Birth:   Month           Day           Year           Gender: _____
5.	Name and location of High School attending: _____
6.	A. If you have decided on what college you will attend, please list school name: B. If not, list your top 3 college choices: _____

**7. On a separate sheet please write an essay (500 - 1000 words) answering the questions below:**

Describe why being a blood donor/advocate is important to you. Discuss how your generation views the importance of being a blood donor and the impact that it could have on the future blood supply.

**STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient my photo and essay may be taken and used to promote the **Texoma Regional Blood Center High School Senior Donor Advocacy Scholarship** (Recipient may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, it is my responsibility to remit to Texoma Regional Blood Center the appropriate information for my scholarship to be paid directly to my educational institution.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for participating in our High School Senior Donor Advocacy Scholarship Program.



**STATEMENT OF SUPPORT BY HIGH SCHOOL BLOOD DRIVE COORDINATOR/GUIDANCE COUNSELOR:**

I hereby affirm that this applicant meets the criteria set forth by this scholarship program and that I support this application for consideration by Texoma Regional Blood Center.

Name of High School Blood Drive Coordinator/Guidance Counselor: \_\_\_\_\_

High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

**High School Blood Drive Coordinator/Guidance Counselor:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Checklist**

- Application
- Essay
- Guidance Counselor signature

**MAIL COMPLETED APPLICATIONS TO:**

**Texoma Regional Blood Center  
C/O Scholarship Program  
3911 Texoma Parkway  
Sherman, TX 75090**

**EMAIL APPLICATIONS TO: [Tjones@texomablood.org](mailto:Tjones@texomablood.org)**

**REMINDER:**

**The deadline for this application to be received by Texoma Regional Blood Center is: May 10, 2025, 5:00 p.m.**