



## American Red Cross

### PROGRAM AGREEMENT - 2010

## SOUTHEASTERN MICHIGAN BLOOD SERVICES REGION HIGH SCHOOL EDUCATIONAL SUMMER SCHOLARSHIP

Thank you for participating in the Southeastern Michigan American Red Cross High School Scholarship Program by committing to at least one blood drive during the school year (September 7, 2009 to May 16, 2010) and one summer drive (May 17, 2010 - September 6, 2010). **All drives from May 17-May 31, 2010 will be paid at 50% of the Scholarship Level, based on the drive results\*.**

Date \_\_\_\_\_ Goal \_\_\_\_\_ Productive \_\_\_\_\_  
Date \_\_\_\_\_ Goal \_\_\_\_\_ Productive \_\_\_\_\_

To qualify for the American Red Cross High School Scholarship Program, your school must meet all criteria referenced in the High School Summer Scholarship Program guidelines terms and conditions.

*Note: Each participating high school shall determine the scholarship recipient(s). The high school is responsible for providing the American Red Cross information required to disburse the funds on behalf of each scholarship recipient(s). Scholarship monies will be disbursed directly to the school of higher learning in the recipient(s) name. This form must be submitted once drive is booked and confirmed.*

Participating High School Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ High School Phone # \_\_\_\_\_

School Representative *(please print)* \_\_\_\_\_

Title \_\_\_\_\_ Contact # \_\_\_\_\_

School Representative *(signature)* \_\_\_\_\_ Date \_\_\_\_\_

Student Scholarship Recipient Name *(subject to change)* \_\_\_\_\_ Grade: \_\_\_\_\_

Parent of Scholarship Recipient *(please print)* \_\_\_\_\_ Signature \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Email \_\_\_\_\_

ARC Representative *(signature)* \_\_\_\_\_ Date \_\_\_\_\_

**Again, thank you for participating in the American Red Cross  
Educational Scholarship Program**



## **American Red Cross**

### *“Making a Difference Educational Summer Scholarship Program” 2010 Terms and Conditions*

- 1. Any high school that holds one or more blood drives during the school year **(September 7, 2009 – May 16, 2010)** is eligible to participate in the Summer Scholarship Program.*
- 2. To qualify for the program a summertime blood drive must be held between **May 17, 2010 and September 6, 2010**.*
- 3. The total number of blood units collected at the summer drive will determine the amount of the scholarship awarded.*
- 4. If a blood drive is cancelled due to inclement weather or a school closing of any type, it must be rescheduled during the current school year. If for any reason the American Red Cross is unable to fulfill a drive, scholarships will be awarded based on the number of units collected at the first subsequent drive held by your school.*
- 5. Representatives from your school set the criteria for the scholarship recipient(s) and choose who receives the scholarship(s). The recipient(s) who are chosen do not have to be blood donors.*
- 6. Your school may divide the awarded scholarship monies into minimum increments of \$250 scholarship if two students share the scholarship(s). The Scholarship Recipient Distribution Form must be completed by the student(s) and submitted to the Manager of Donor Services for disbursement of scholarship money directly to the establishment of higher learning that the student(s) will be attending after high school.*
- 7. The Food and Drug Administration (FDA) strictly regulates the agencies involved in the collection, testing and distribution of blood products. The FDA has also determined that scholarship programs must comply with certain established guidelines for awarding voluntary blood donation.*
- 8. To ensure compliance with FDA guidelines, the scholarship money earned must be used for scholarships and may not be used for any other school projects. The scholarship(s) must be transferred directly from the American Red Cross to the establishment of higher education that the student(s) will be attending after high school.*
- 9. Parental involvement in the planning and execution of the drive is necessary to maximize efforts on behalf of the student. Therefore, parental approval is required.*

**\* The expectation is that all Summer Scholarship drives occur during the challenging collection period. Thus drives that run during school session May 17-May 31 will qualify for 50% of the scholarship award, based on the drive results.**



# Summer Scholarship Program

## *Making a Difference for high schools*

The Southeastern Michigan Blood Services Region of the American Red Cross invites your school to participate in the Making a Difference Educational Summer Scholarship Program.

### Summer Scholarship Program

Schools have the opportunity to help save lives in the summertime. Any high school that holds one or more blood drives during the school year (September 7, 2009 - May 16, 2010) is invited to participate in the "Making a Difference Educational Summer Scholarship Program."

- ◆ The summertime blood drive must be held between May 17, 2010 and Sept. 6, 2010.
- ◆ A minimum of 30 productive units must be collected to be awarded a scholarship at the summer drive.
- ◆ Drive results of 25-29 will receive \$150 distributed based on program guidelines.

### To qualify for a scholarship:

- ◆ Based upon the productive units of blood that are collected at the summer drive, the scholarship will be awarded on behalf of your school to the establishment of higher education that the scholarship recipient(s) will be attending after high school. Please note that representatives from your school set the criteria for the scholarship recipient(s) and choose who receives the scholarship(s). The recipient(s) chosen do not have to be blood donors.
- ◆ Your high school must hold at least one Red Cross blood drive during the school year. (Sept. 7, 2009 - May 16, 2010)
- ◆ A representative(s) must hold planning and organizational meeting(s) for the blood drive with a Red Cross representative, who will be happy to help in any way to make your blood drives successful.
- ◆ Must have parental approval.

**Note:** If a blood drive is cancelled due to inclement weather or a school closing of any type, it must be rescheduled during the same school year.

Productive Units of Blood	Scholarship Levels
30-45	\$500
46-100	\$750
101-150	\$1,000
151-200	\$1,250
201-250	\$1,500
250+	\$1,750

If your school decides to participate in the American Red Cross "Making a Difference Educational Summer Scholarship Program," we would like to say thank you and congratulations in advance.

Please keep in mind that the Food and Drug Administration (FDA) strictly regulates the agencies involved in the collection, testing and distribution of blood products.

The FDA has determined that scholarship programs, such as the "Making a Difference Educational Summer Scholarship Program," must comply with certain guidelines that it has established for awarding voluntary blood donation.

To ensure compliance with FDA guidelines, the scholarship that is earned can only be used for scholarship purposes and may not be used for any other school projects. The scholarship(s) must be transferred directly from Red Cross to the establishment of higher education that the student(s) will be attending after high school.



**American Red Cross**

The need is constant.  
The gratification is instant.  
Give blood.™



**American  
Red Cross**

“Making a Difference Educational Summer  
Scholarship Program” **2010**  
Southeastern Michigan Blood Services Region

**Scholarship Recipient Distribution Form**

**Please complete ONE distribution form for each student scholarship.**

**Drive Date** \_\_\_\_\_ **Drive Location** \_\_\_\_\_ **Drive Goal** \_\_\_\_\_  
**Total Productive Units** \_\_\_\_\_ **Donor Rep** \_\_\_\_\_  
**Amount of Scholarship Monies to be awarded** \_\_\_\_\_

In order to qualify for the American Red Cross Making a Difference Educational Scholarship Program your school must meet all criteria referenced in the Making a Difference Summer Educational Scholarship guidelines.

Note: Each participating high school shall determine the scholarship recipient(s). The sponsoring school is responsible for providing the American Red Cross information required to disburse the funds on behalf of each scholarship recipient(s). **Scholarship monies will be awarded directly to the school of higher learning in the recipient(s) name.** The American Red Cross will make the scholarship disbursements directly to the appropriate institution using information provided by the sponsoring school. Each recipient must have a separate verification form completed.

**PLEASE COMPLETE ENTIRE FORM.**

Scholarship Recipient: \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: *(home)* \_\_\_\_\_ *(cell)* \_\_\_\_\_

SSN *(mandatory)* \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email address \_\_\_\_\_

High School: *(home)* \_\_\_\_\_ Phone number \_\_\_\_\_

Higher Education Institution *(Full School Name):* \_\_\_\_\_

Address *(where check is to be mailed.):* \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date classes begin: \_\_\_\_\_

College Student# \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

**Please return form to: Manager of Donor Services  
American Red Cross  
100 Mack Avenue  
Detroit, MI 48201**

**Fax Number: (313) 833-4399**