

### **Description:**

Mississippi Organ Recovery Agency would like to inform you of our scholarship program for Mississippi senior high school graduates. We will be awarding the Allie Carruth Memorial Scholarship for \$5,000, the Matthew Gaskin Memorial Scholarship for \$1,000, the Chuck Stinson Memorial Scholarship for \$1,000, the Annie Lucious Gift of Life Scholarship for \$1,000, the Dr. Shirley Schlessinger Scholarship for \$1,000 and two scholarships for \$500 each to deserving students who apply for the scholarship and fulfill the requirements listed below. You do not have to be a registered donor to apply for the scholarships.

### **Scholarship Guidelines:**

- 1. The student must be a graduating senior from an accredited Mississippi high school.
- 2. After graduation from high school, the student must be accepted by or have intentions of fall enrollment in either a junior college or university.
- 3. Two letters of recommendation: one from a school teacher and one from an adult of your choice (It can be from another teacher).
- 4. An essay of 300 to a maximum of 750 words will be required on one of the following topics:
  - a. Why you are a registered organ and tissue donor
  - b. The importance of encouraging others to be an organ and tissue donor
  - c. How have you or your family been affected by organ and tissue donation or by transplantation of organs and /or tissue
  - d. Why you want to be an organ and tissue donor

#### Deadline:

Postmarked no later than midnight Friday, October 27, 2023 --- Mail to the address below. Be sure to include your scholarship application, your essay and two letters of recommendations.

MORA c/o Susan Bonds PO Box 519 Tishomingo, MS 38873

#### **Concerns:**

Email me at sbonds@msora.org

Scholarship winners will be notified in the spring of 2024

Scholarship Application form is printed on the back of this sheet



## Mississippi Organ Recovery Agency

# **Scholarship Application**

## **ATTACH THIS FORM WITH YOUR ESSAY and TWO LETTERS OF RECOMMENDATIONS**

High School you attend					
Name					
Mailing Address					
City	Sta	te	Zip Code		
Phone: cell #	home #		ACT Score		
Email Address					
Parent/Guardian		Parent/Guardian Cell #			
College or University you plan	to attend				
Major					
and/or leadership positions.					