

The Michael A. Corea Memorial Scholarship
Sponsored by
Transplant Recipients International Organization, Inc.
Greater Cleveland Chapter

The Michael Corea Memorial Scholarship honors a liver recipient and organ donor. Mike was born with Biliary Arteritis, a rare degenerative liver disease causing him to become a liver recipient at thirteen. Mike lived each day to its fullest, taking nothing for granted, and was not afraid to fail. One of Mike's goals was to graduate from The Ohio State University. On June 5, 2006, Mike was in a terrible accident in Columbus, when a car hit his motorcycle. His scheduled graduation day was June 11, 2006. Representatives from OSU presented Mike with his diploma in his hospital room, allowing him to die an OSU graduate. He was able to be an organ donor so someone else could live: heart, lungs, eyes, skin, tendons, ligaments, and long bones. He would have attended Capital University for law school in the fall of 2006. Mike made a difference in many peoples lives as a fighter who inspired others to believe that tomorrow will be a better day. *Words of Mike's sister Jessica.*

TRIO Greater Cleveland Chapter serves northeast Ohio and is committed to improving the quality of life of transplant candidates, recipients, their families, living related donors, and the families of organ and tissue donors. TRIO serves its members through awareness, support, education, and advocacy.

2010 Scholarship Application

At least one \$1,000 Michael Corea Memorial Scholarships will be awarded to a deserving transplant candidate, recipient, or living donor. The Scholarship Committee will announce their selection during September, 2010.

The scholarship requires the following for eligibility:

Applicant must:

- be an Ohio resident;
- be an organ/tissue candidate, recipient, or living donor;
- have a cumulative grade point average of 2.5 or better;
- provide a recent transcript;
- demonstrate financial need;
- furnish a statement of educational goals and objectives (not more than 300 words);
- submit a statement describing how transplantation influences his/her life (250-300 words);
- submit 3 letters of recommendation (not family members);
- provide a copy of the acceptance letter to an accredited college, university, or trade/technical certificate program, (if an incoming freshman OR returning adult student);
- use Scholarship Award for continuing education at an accredited college, university, or trade/technical school certificate program during the 2009-2010 academic year (The award will be sent directly to the institution in the student's name); and
- not be a previous scholarship recipient of the Michael Corea Memorial Scholarship.

Application Submission

This application may be photocopied without permission.

Please submit completed application and related materials (use paperclips, no staples)

Postmarked by June 30, 2010 to:

Michael A. Corea /TRIO-Greater Cleveland Chapter Scholarship Committee
P.O. Box 93163
Cleveland, Ohio 44101-5163

Incomplete or late applications will not be considered.

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Application Form

Please return this completed application postmarked by June 30, 2010

Contact Information

Please Type or Print

NAME _____
First Middle Last

ADDRESS _____
Street Apt. NO.

PHONE (_____) _____ *City State Zip Code*
Home Work

E-mail _____ CELL (_____) _____

Transplant/Donor Information

Are you a TRIO Member? Yes No

TRIO Chapter _____ Member At Large

If not, name of family member who is: _____

Are you a:

Candidate: _____
Type of Transplant

Recipient: _____
Type of Transplant Date

Living Donor: _____
Relationship to Recipient Date

Education Information

High School: _____ From _____ To _____

Graduation: _____ G.P.A. _____

College/University: _____ From _____ To _____

Graduation: _____ G.P.A. _____

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FINANCIAL NEEDS STATEMENT

NAME _____

TUITION PER SEMESTER/YEAR: _____

ROOM & BOARD _____

BOOKS/SUPPLIES _____

MEDICAL INSURANCE _____

OTHER COSTS _____

TOTAL EXPENSES \$ _____

FINANCIAL AID RECEIVED (OTHER GRANTS/AWARDS)
(THIS DOES NOT MEAN FAFSA LOANS SUBSIDIZED OR UNSUBSIDIZED)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

WORK STUDY PROGRAM YES NO
IF YES, APPROXIMATE HOURLY RATE/HOURS _____

WILL YOU WORK PART TIME DURING SCHOOL?
IF YES, APPROXIMATE EARNINGS _____

STUDENT SAVINGS, IF ANY _____

STUDENT INCOME, IF ANY _____

IF UNDER 24, PARENTS ADJUSTED INCOME _____

HOW MANY OTHERS IN YOUR FAMILY ATTENDING COLLEGE THIS SCHOOL YEAR? _____

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Optional Information

Name of Father or Guardian: _____ Occupation: _____

Name of Mother or Guardian: _____ Occupation: _____

Names/Ages of other dependent family members:

Name: _____ Age: _____

Additional Required Materials:

Please be sure to include along with this application(attach statements):

Statement of educational goals and objectives (not more than 300 words).

Personal Statement describing how transplantation influences your life (250-300 words).

Statement describing extracurricular and/or volunteer activities.

Current transcript (high school or college, **these do not have to be certified**).

Acceptance letter from College or University or trade school **(if incoming freshman or adult returning student)**.

Letters of recommendation (3 Academic and/or Personal).

List of Honors and/or Awards.

I agree to the terms of the scholarship and certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature

Date

APPLICATION DEADLINE: Postmarked by June 30, 2009

Mail completed application with all accompanying documentation to:

Michael A. Corea /TRIO-Greater Cleveland Chapter Scholarship Committee
P.O. Box 93163
Cleveland, Ohio 44101-5163

Questions regarding this scholarship or requests for applications for membership in Transplant Recipients International Organization, Inc. Greater Cleveland Chapter may be addressed to:
triocleveland@hotmail.com

Incomplete or Late Applications Will Not Be Considered.