



Donna T. Darrien Memorial Foundation For Sickle Cell, Inc.

Donna T. Darrien Memorial Scholarship Fund For students with sickle cell disease

In continuing our mission, *“To enhance the care and quality of life of those individuals with sickle cell anemia through collaboration, education, information, and support,”* the Donna T. Darrien Memorial Foundation For Sickle Cell, Inc. is pleased to offer scholarships to students with sickle cell disease pursuing higher education at an accredited university, college, or technical/vocational school.

Eligibility Criteria

- Must document his/her **sickle cell disease diagnosis**.
- Must be a New Jersey Resident.
- Must be attending, have been accepted, or applied to an accredited university, college, or technical/vocational school.
- Must have a GPA of 2.0 or greater on a 4.0 scale.
- Prior awardees can reapply if all requirements continue to be met.

Application Process

- Applicant must complete official application form and submit all required documentation as one packet.
- Submit a sickle cell disease confirmation form.
- Submit most recent transcript.
- Submit letter of acceptance from the prospective post secondary school.
- Submit a personal written essay not to exceed 1,000 words and include how you face your challenges, your educational plans, and your career objectives..
- Submit two letters of recommendation from non-family members (one must be from a school official, e.g. teacher or guidance counselor).
- **Application deadline is April 30th.**
- Applicants will receive written notification by May 15th.
- Awardees will be presented at a June educational event; attendance is mandatory.
- Scholarships will be paid upon proof of registration.

Application packet must be sent to:
Donna T. Darrien Memorial Foundation
For Sickle Cell, Inc.
PO Box 3331
Newark, NJ 07103

The confidentiality of all information will be respected.



Donna T. Darrien Memorial Foundation For Sickle Cell, Inc.

Donna T. Darrien Memorial Scholarship Fund
Scholarship Application

PART I: PERSONAL INFORMATION

DATE _____

Applicant Name: _____
(First) (M.I.) (Last)

Address: _____
(Street)

(City) (State) (Zip Code)

Telephone No.: _____ E-Mail Address: _____

Date of Birth: _____ Soc.Sec#: _____

Current School or Last School Attended: _____

Mother's Name: _____ Father's Name: _____

Do you live at home? _____ Are you an independent student? _____

Are you employed? _____ If yes, Name of Employer: _____

Address of Employer: _____

Occupation: _____ Salary: _____

School Activities (Include offices held, honors received):

Community and Other Outside Activities (Church, clubs, scouting, volunteer work, etc.):

- Required Attachments:**
Personal Essay
Sickle Cell Disease Confirmation Form



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PART II: TRANSCRIPT AND OTHER SCHOOL DOCUMENTATION

Student Name: _____

Grade Point Average: _____

Rank In Class _____

Number of Students in High School Graduating Class: _____

To what colleges/universities have you applied?	Have you accepted?	Are you attending?
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Recommender's Information:

Name: _____ Title or Position: _____

Telephone: _____

Name: _____ Title or Position: _____

Telephone: _____

Required Attachments:

Official Transcript

Two (2) Letters of Recommendation

I certify that all information is true and accurate:

Signature of Applicant _____ Date _____



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SICKLE CELL DISEASE CONFIRMATION FORM

Name of Applicant _____ DOB ____/____/____

This form is to be completed by a physician or nurse who can confirm the diagnosis of Sickle Cell Disease (Hgb SS, SC, S/Beta Thal, etc.) for the applicant.

I certify that the person named on this scholarship application is known to me and has been diagnosed with **Sickle Cell Disease**.

Name of Patient: _____

Length of time patient has been under your care: _____ years _____ months

Name _____ Title _____

Medical Center: _____

Address _____ City/State/Zip: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM BACK TO APPLICANT FOR SUBMISSION