

**Lucas High School**

5 First Ave. Lucas, OH 44843 419-892-1116 (fax)

# Drive to Serve Scholarship

*Presented by the American Red Cross Central Ohio Blood Services Region & Lucas High School*

**Eligibility Criteria:** Students applying for this scholarship must have a minimum GPA of 2.00, have donated or attempted to donate units, have been accepted to an institution of higher learning, show experience in volunteerism and supervision/leadership. Applications for this scholarship are due the 1st Friday in April of your Senior year.

**- PLEASE PRINT ALL INFORMATION CLEARLY -**

Applicant name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_ mm/dd/yy

**ACADEMIC PERFORMANCE AND FUTURE PLANS**

Unweighted GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ of \_\_\_\_\_  
Guidance Counselor Signature

Academic awards and honors received:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extracurricular activities and awards:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational plans and goals following high school graduation:  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER SERVICE**

Have you been involved in the Red Cross Blood Drive(s) at LHS? \_\_\_ No \_\_\_ Yes If yes, describe how:  
\_\_\_\_\_  
\_\_\_\_\_

Have you been involved in the Red Cross Blood Drive(s) outside of LHS? \_\_\_ No \_\_\_ Yes If yes, describe:  
\_\_\_\_\_  
\_\_\_\_\_

Have you been involved in any other Red Cross volunteer efforts? \_\_\_ No \_\_\_ Yes If yes, describe how:  
\_\_\_\_\_  
\_\_\_\_\_

Total number of Red Cross volunteer hours: \_\_\_\_\_ Total number of units donated: \_\_\_\_\_

***Lucas High School***

5 First Ave. Lucas, OH 44843 419-892-1116 (fax)

Are you involved with any other volunteer organizations? \_\_\_ No \_\_\_ Yes If yes, describe in what capacity you have been active:

---

Number of volunteer hours per: week \_\_\_ month \_\_\_ year \_\_\_

How have your volunteer experiences helped a particular group or individual in your community?

---

---

---

---

---

---

---

---

---

---

---

Describe a time when you have demonstrated supervisory or leadership experience:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

*I affirm that the information provided in this application is truthful and accurate.*

---

*Applicant Signature*

---

*Date* mm/dd/yy

---

*Parent/Guardian Signature*

---

*Date* mm/dd/yy