

**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 Artesia, 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's sister Jessica states "Mike made a difference in many people's lives as a fighter who inspired others to believe that tomorrow will be a better day."

**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.

### **2011 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 October, 2011.

### **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 2011-2012 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 September 15, 2011 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 September 15, 2011*

**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?  Yes     No

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 September 15, 2011**

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](mailto:triocleveland@hotmail.com)

**Incomplete or Late Applications Will Not Be Considered.**