

Isabelle Christenson Memorial Scholarship



The Isabelle Christenson Memorial Scholarship awards a scholarship to an individual or family member of someone directly impacted by organ donation including transplant candidates, recipients and donor family members.

The scholarship is funded through Izzie's Gifts of Hope Foundation in memory of Isabelle Christenson. Izzie was spunky, smart, feisty, caring, and thoughtful. She loved Tinkerbell and the movie Annie. She approached each day with a positive attitude and displayed a never-give-up spirit that naturally drew people to her. During her short life Isabelle required two transplants. She received a stomach, liver, small bowel, duodenum and pancreas in 2004, when she was 6 years old, and a kidney transplant two years later. Her transplants were her "Gift of Life" and even at such a young age, she was a strong advocate for the importance of organ donation because Izzie was always looking out for others. Isabelle died when she was 10 ½ years old and this scholarship honors her life and helps carry out her dreams.

Scholarship Requirements:

Be an organ transplant candidate, recipient, donor family member, or immediate family member of a transplant candidate or recipient

Furnish a statement of educational goals (250 – 500 words)

Submit a statement of how donation/ transplantation have influenced your life (500 words)

2 Letters of recommendation (Not from family members)

Provide a copy of acceptance letter for a college/ university/ trade/ technical school (if incoming freshman or returning adult)

Use scholarship award for continuing education for upcoming school year

Previous Isabelle Christenson Memorial Scholarship recipients are not eligible.

Application Submission:

Please submit a completed application packet with all related materials in one envelope by **March 30 of the current year** to:

C.O.R.E
204 Sigma Drive
RIDC Park
Pittsburgh, PA 15238
Attn: Michelle Christenson

Incomplete applications will not be considered.

Questions: izziesgifts@gmail.com
www.izziesgifts.org

Isabelle Christenson Memorial Scholarship Application

Please Print



Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Connection to Donation/ Transplantation: (please circle)

Transplant Recipient

Transplant Candidate

Donor Family Member

Immediate Family Member of
Candidate or Recipient

Name and Contact Information of Donation/ Transplantation Professional who can verify:

Attach the following typed documents with your name clearly marked on each page:

- Statement of educational goals (250 - 500 Words)
- Statement of how donation/ transplantation has affected your life (500 words)
- 2 Letters of recommendation
- Copy of college/ university/ trade/ technical school acceptance letter
- Description of Community Service if applicable

I verify that the information contained within this application is true and complete. I understand that providing false information or failing to provide material information will be grounds to discard my application. I understand that incomplete applications will not be considered. I authorize the Isabelle Christenson Memorial Scholarship application review committee to investigate all statements on this application and documents submitted in support of my application. I confirm that, if awarded the scholarship, I will utilize the scholarship for my continuing education in the upcoming school year and that I am not a previous award winner of the Isabelle Christenson Memorial Scholarship.

Signature: _____ Date: _____

Completed application packets including all materials must be received **by March 30 of current year.**

Mail to: C.O.R.E, 204 Sigma Drive, RIDC Park, Pittsburgh, PA 15238, Attn: Michelle Christenson
www.izziesgifts.org