The Eye-Bank for Sight Restoration, Inc.

The Young Ambassador Scholarship *in Memory of Christopher Nordquist*

Please type or print clearly. Complete all parts of the application.

Name:_____
First Middle Last

Address:_____
Street City State Zip

Telephone: (_____)_____ E-mail Address: _____
Area Code Number

Date of Birth: _____/_____/_____ Female ☐ Male ☐ U.S. Citizen ☐ Legal Resident ☐ Other ☐
Month Day Year

Parent/Guardian:_____ _____
First Name Last Name Phone number

Academic Data

High School: _____ Date of Graduation _____GPA _____

Counselor's Name: _____ Phone (____) _____

Trade/Technical School: _____ Class of (Year) _____GPA _____

College/University:_____ Class of (Year) _____GPA _____

Additional material

Please include the following additional items on a separate sheet of paper (check box if applicable)

☐ Honors and Awards (describe activity and dates)

☐ Community Service (describe activity and dates)

☐ Leadership and Extracurricular Activities (describe activity and dates)

✓ Write a short essay (1-2 type-written pages, double-spaced) describing an educational initiative or public service that the student took part in to promote eye donation.

✓ Provide two references from current school and a counselor's report.

✓ Provide a current official transcript and/or acceptance letter from the college, university or trade/technical school the applicant plans to attend.

This application must be sent to the following address with a postmark on or before the deadline.

Mrs. Andrea C. Nordquist
The Eye Bank for Sight Restoration
120 Wall Street, New York, NY 10005

"I certify that all the information included on this form and contained in this application package is complete and accurate to the best of my knowledge."

_____ _____
Applicant's Signature Date