



*"An Elephant Never Forgets"*

## The Marcena Lozano Donate Life Scholarship Fund



Marcena Lozano  
1980-2005

Marcena Rose Lozano was born with a congenital heart defect on February 7, 1980 in Buffalo, NY. She faced numerous surgeries, hospitalizations and illness in her lifetime including two heart transplants at the ages of 13 and 23. Despite the challenges and obstacles, she remained focused on completing her education. Marcena received her angel wings on August 31, 2005 but her amazing spirit lives on in every life she touched. She attacked each day with an energy that her weakened body could barely keep up with. The more life threw at her, the deeper she dug to find the strength, courage and determination to live each day to it's fullest. It is this spirit that we remember, honor and happily share with others. Awarding this scholarship to deserving organ transplant recipients is Marcena's dream come true!

### **2017 Scholarship Application**

The Marcena Lozano Donate Life Scholarship Fund awards renewable scholarships to organ transplant recipients based on **financial need**. Scholarship amounts of \$1000-\$3000 for the 2017-2018 academic year will be awarded based on funds available. Scholarship recipients will be notified of their award by 8/11/17 (for Fall 2017 admissions) and 12/15/17 (for Spring 2018 admissions).

### **Applicant Criteria**

Applicant Must:

- ❖ be an organ transplant recipient between the ages of 17 and 26 and provide verification letter from physician or transplant coordinator
- ❖ reside in New York State or Pennsylvania
- ❖ provide the following information to prove financial need: copy of completed 2017 FAFSA form; current tuition bill and financial aid award letter
- ❖ submit a statement of educational objectives and future life goals
- ❖ submit three (3) letters of recommendation
- ❖ provide a copy of the acceptance letter to an accredited college, university, or trade/technical certificate program, (if an incoming freshman)  
or an official copy of current transcript if previously enrolled in college
- ❖ use the scholarship award for continuing education in an **undergraduate program** at an accredited college, university or trade/technical school certificate program during the 2017-2018 academic year (The award will be sent directly to the institution in the student's name).
- ❖ notify us immediately in writing if at any point during the academic year your contact information changes or you take a leave of absence.
- ❖ students who receive a scholarship may re-apply for the following year



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"An Elephant Never Forgets"

### **Contact Information**

*Please Type or Print*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security No. (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

E-Mail: \_\_\_\_\_@\_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear about the Marcena Lozano Donate Life Scholarship?

\_\_\_\_\_

### **Transplant Information**

*Type of Transplant*

*Date*

*Transplant Center*

### **Education Information**

\_\_\_\_\_ I am currently a high school senior Current GPA: \_\_\_\_\_

\_\_\_\_\_ I am already attending college Current GPA: \_\_\_\_\_

If you are currently attending college, what year are you in? \_\_\_\_\_

Name of college you will be attending: \_\_\_\_\_

College office scholarship check should be mailed to: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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**Family Information**

Name of Father or Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Mother or Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names/Ages of other dependent family members:

Name: _____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

**Financial Need (Please be certain all information is per semester)**

**Costs per semester**

Tuition:	\$ _____
Room & Board:	\$ _____
Books/Supplies:	\$ _____
Other Costs:	\$ _____

Total Expenses Per Semester: \$ \_\_\_\_\_

Financial Aid Received Per Semester (list other grants/awards - do not include loans):

\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Expected Family Contribution (EFC) **from 2017-2018 FAFSA Form**: \$ \_\_\_\_\_

Remarks/Special circumstances we should consider:

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### **Additional Materials**

Also Include:

- Personal Statement on Being an Organ Transplant Recipient, Your Educational Objectives and Future Life Goals
- Acceptance Letter from College or University and//or Copy of Current Transcript
- Copy of the College Financial Aid Award Letter and Tuition Bill
- Copy of 2017 FAFSA form - Scholarship is based on **FINANCIAL NEED**
- Letters of Recommendation (Three (3) - Academic and/or Personal)
- Organ Transplant Verification Letter from Physician or Transplant Coordinator

**\*Incomplete applications cannot be considered.**

I agree to the terms of the scholarship and certify that the above information is true and accurate to the best of my knowledge.

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*Applicant's Signature*

*Date*

I agree to allow mention of my name, institution, testimonial and my photo in communications surrounding the awards including the web site. (\*this is optional but will benefit our fund-raising and organ donation awareness efforts)

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*Applicant's Signature*

*Date*

**\*\*Applications and Required Materials for the 2017-2018 school year Fall admission must be postmarked by 7/28/17. Applications and Required Materials for Spring 2018 admission must be postmarked by 12/01/17.**

Mail Completed Application and All Required Materials To:

The Marcena Lozano Donate Life Scholarship Fund Committee  
15 Winston Road  
Buffalo, New York 14216

Questions: [admin@marcenasmiracles.com](mailto:admin@marcenasmiracles.com)