

The Michael R. Pietroski
Scholarship Program

Michigan Donor Family Council



Application Data

Last Name _____

Middle Initial _____

First Name _____

Home Address _____

City, State, Zip Code _____

Telephone _____

Email Address _____

Certification & Publication

The Michigan Donor Family Council is solely responsible for selecting recipients based on criteria outlined in the program's description. This application becomes the property of MDFC. Please keep a copy for your records.

I acknowledge that all decisions are final. I certify that I meet the program's eligibility requirements as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any scholarship awarded.

I authorize MDFC and their designees to publish my name as a winner of the Michael R. Pietroski Scholarship Program in their public and professional education programs, newsletters, websites, and other publications.

Applicant's Signature _____ Date _____