



Congenital Heart Defect Coalition 2018 Scholarship

The CHD Coalition is pleased to be awarding two scholarships to eligible graduating high school students. Applicants must have a congenital heart defect or acquired heart disease and meet the eligibility requirements below.

Eligibility Requirements

The applicant must:

- be a high school senior who will be continuing his/her education in an accredited college, technical, vocational or trade school.
- be a resident of NJ or Metro NY (Metro NY consists of the 5 boroughs, Long Island, Westchester or Rockland County).
- have a congenital heart defect or acquired heart disease.
- complete the Application Elements described below.

Application Process:

1. Complete the CHD Coalition Scholarship Application (attached to this document). Since we are accepting applications via email, signatures are not required, but must be filled out and dated.
 - Provide a separate essay that describes how living with congenital or acquired heart disease shapes or affects your life and how you overcome any obstacles or challenges you face as a result. The essay must be typed, double spaced, two pages or less.
 - Applications must be received via email (preferred) at scholarship@chdcoalition.org or received via mail to the address below on or before April 15th, 2018.
2. Provide Two (2) letters of recommendation. Although the application can be submitted via email, the letters of recommendation must be sent via mail in a sealed envelope from your school (or other organization) and **received on or before April 15th, 2018**. It is recommended that you provide them stamped envelopes with the address below.

Send letters of recommendation to:

CHD Coalition – Scholarship Committee
45 Carey Avenue
Suite 250 #1
Butler, NJ 07405

The selection of the recipients will be determined by the CHC Coalition Scholarship Committee; only scholarship recipients will be notified. Accordingly, all decisions are final and not subject to dispute or appeal. Essays and other application documentation will not be returned. For questions regarding the CHD Coalition Scholarship Program email scholarship@chdcoalition.org.

All application elements described above must be received on or before April 15th, 2018.

Download Scholarship Application at <http://chdcoalition.org>



Congenital Heart Defect Coalition Scholarship 2018 Application

Application must be neatly written or typed. Illegible applications will not be considered.

1.	Last Name: _____	First Name: _____
2.	<p>Mailing Address</p> <p>Street: _____ Apt#: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Applicant's Email: _____</p> <p>Applicant's Cell #: _____</p>	
3.	<p>Parent/Guardian Contact Information</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	
4.	<p>Applicant's Date of Birth</p> <p>Month: _____ Year: _____</p>	
5.	<p>Current High School</p> <p>Name: _____</p> <p>City: _____ State: _____</p>	

11.	What are your goals and aspirations for the future?
12.	List your community service activities, hobbies, outside interests, and extracurricular activities: (specify any leadership positions held). You may attach your resume rather than completing this section.

Personal Essay

13.	<p>Please answer the following on a separate sheet. Essay must be typed, double spaced, 2 pages or less.</p> <p><i>Describe how living with a congenital defect or acquired heart disease shapes or affects your life and how you overcome any obstacles or challenges you face as a result.</i></p>
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The following items must be provided in order for the application to qualify to be reviewed by the scholarship committee. Applications that are incomplete or illegible will not be considered.

Check to be sure you are providing required elements:

	YES	Two (2) letters of recommendation (must be in a sealed envelope, mailed by the person making the recommendation, and received on or before April 15th, 2018.)
	YES	Completed, typed or neatly written application. Can attach resume for activities.
	YES	Typed Personal Essay.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand that if chosen as a scholarship winner, according to CHD Coalition's Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded. **NOTE:** Since we are accepting applications via email, signatures are not required, but must be filled out (typed) and dated.

Signature of scholarship applicant: _____

Date: _____

Completed application elements must be received on or before April 15th, 2018.