

**Congenital Heart Defect Coalition
2024 Scholarship Application**



Application must be neatly written or typed. Illegible applications will not be considered.	
1.	First Name: _____ Last Name: _____
2.	Mailing Address Street: _____ Apt#: _____ City: _____ State: _____ Zip: _____ Applicant's Email: _____ Applicant's Cell #: _____
3.	Parent/Guardian Contact Information Name: _____ Relationship: _____ Phone: _____ Email: _____
4.	Applicant's Date of Birth Month: _____ Year: _____
5.	Current High School Name: _____ City: _____ State: _____

6. To which colleges, technical, vocational or trade schools have you applied to (indicate if you have been accepted):

Proof of acceptance will be required prior to distribution of award.

7. Guidance Counselor Name: _____
 Guidance Counselor Phone Number: _____

8.	List the name of any other high schools attended:	Year Began	Year Ended

9. Please list the name(s) of your congenital heart defect(s) or heart disease:

10.	Have you undergone heart surgery? If yes, please list surgery names and year:	
	Surgery Names:	Surgery Year:
	A.	
	B.	
	C.	
	D.	
	E.	

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 use an attachment/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 for the application to qualify for review by the scholarship committee. Applications that are incomplete or illegible will not be considered.

Check to be sure you are providing required Application Elements:

	YES	Two (2) letters of recommendation received on or before April 16th, 2024 (must be in a sealed envelope, mailed by the person making the recommendation, or emailed from the person(s) making the recommendation – not the applicant.)
	YES	Completed, typed or neatly written application. Can attach resume for activities.
	YES	Typed Personal Essay.

**STATEMENT OF ACCURACY AND
AGREEMENT TO COMPLY WITH CHD COALITION SCHOLARSHIP POLICY**

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 recipient, according to CHD Coalition's Scholarship policy, I agree to the following:

- Will provide enrollment/registration details at the post-secondary institution I will be attending. NOTE: scholarship funds awarded will be sent directly to the post-secondary institution.
- Acknowledge that a brief description (derived from information provided in the application process) and a photo (I will provide) will be posted to the CHD Coalition site and may be used in CHD Coalition Newsletter or other Social Media outlets.
- Failure to provide the photo and/or information regarding the post-secondary institution, in a timely manner, could result in retraction of the award.

NOTE: Since CHD Coalition is accepting applications via email, signatures are not required, but must be filled out below (typed or printed) and dated.

Signature of scholarship applicant: _____

Date: _____

Completed application elements must be received on or before April 16th, 2024.