

# Congenital Heart Defect Coalition 2026 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><b><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></b></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	<b>Two (2) letters of recommendation received on or before April 19<sup>th</sup>, 2026 (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.)</b>
	YES	<b>Completed, typed or neatly written application. Can attach resume for activities.</b>
	YES	<b>Typed Personal Essay.</b>

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

I hereby affirm that all the above-mentioned 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:** If your application is being sent electronically your name and date must be filled out below. Otherwise, signature is required.

Signature of scholarship applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Completed application elements must be received on or before April 19<sup>th</sup>, 2026.