



It's My Heart New England CHD Awareness 2017 SCHOLARSHIP APPLICATION FORM



Full Name _____

Date of Birth (Month/Year) _____ Female ____ Male ____

Home (Legal) Address _____

City _____ State ____ Zip _____ Phone _____

Email _____ Cell phone _____

Relationship to person with CHD _____

Which CHD do you/this person have? _____

High School/College currently attending _____

City _____ State _____

Current Cumulative Grade Point Average _____ Graduation Date (mm/dd/yyyy) _____

2017 COLLEGE PLANS:

Have you been accepted to or are you currently enrolled at a college or university? YES NO

If not, when do you expect to be notified? _____

College/University that you do/will attend? _____

City _____ State _____

Department Enrolled _____

Intended Major _____

Where do you intend to reside next year? ON CAMPUS OFF CAMPUS WITH PARENTS OTHER

How did you hear about this scholarship? _____

STUDENT'S SIGNATURE _____ **Date** _____

SUBMIT THIS FORM TO THE ADDRESS BELOW WITH 1) A letter of recommendation from a guidance counselor, current teacher, unrelated adult, or employer; 2) An essay describing how living with CHD or having a family member with CHD has affected your life; and 3) A copy of your transcript – this can be mailed separately.

Mail Packet to: It's My Heart New England • ATTN: 2017 Scholarship

P.O. Box 111 • Danvers, MA 01923

DEADLINE: Completed Application must be post-marked no later than MARCH 20, 2017