



## It's My Heart New England CHD Awareness 2026 SCHOLARSHIP APPLICATION FORM



Full Name \_\_\_\_\_

Date of Birth (Month/Year) \_\_\_\_\_ Pronouns \_\_\_\_\_

Home (Legal) Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Social account link \_\_\_\_\_

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/yy) \_\_\_\_\_

**2026 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/Institute that you do/will attend? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Department Enrolled and Intended Major \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

Have you applied for this scholarship before (if yes, what year?) \_\_\_\_\_

If your application is chosen for an award, will you be able to accept this award at our 16<sup>th</sup> Anniversary Keep the Beat CHD Awareness Walk in Danvers, MA on June 28, 2026? \_\_\_\_\_

**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 how you live out the mission of IMHNE by educating, advocating for, or spreading CHD Awareness; and 3) A copy of your transcript – transcripts can be mailed separately.*

**Mail Packet to: It's My Heart New England • ATTN: 2026 Scholarship  
P.O. Box 111 • Danvers, MA 01923**

**DEADLINE: Completed Application must be post-marked no later than MARCH 26, 2026**