



**It's My Heart New England CHD Awareness  
2019 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) \_\_\_\_\_

**2019 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 \_\_\_\_\_

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

If your application is chosen for award, are you available to accept this award at our 9<sup>th</sup> Annual Keep the Beat CHD Awareness Walk in Danvers, MA on June 23, 2019? \_\_\_\_\_

**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: 2019 Scholarship  
P.O. Box 111 • Danvers, MA 01923**

**DEADLINE: Completed Application must be post-marked no later than MARCH 20, 2019**