

## **Scholarship Application**

**DATE OF APPLICATION** 

Upon completion of the application, please also send a copy of your high school transcript, one letter of recommendation from a teacher, coach or mentor outside of family members and your response essay to the questions below. These materials MUST be postmarked no later than Friday, March 29th, 2024 to be considered.

DEDCOMAL INFORMATION	
PERSONAL INFORMATION	
full Name :	
lickname :	Place Of Birth :
Pate of Birth: / / /	
address :	
mail:	
Phone :	
SCHOOL INFORMATION	
Name of high school from which you will graduate OR Colle	ge you are currently attending:
College/University you plan to attend in Fall 2024:	Current GPA (please indicate scale):
List school and community activities and clubs:	List any academic honors and other notable accomplishments:
ESSAY	
Please write an essay in a separate document that encompa	asses the topics listed below. Essays should be around 500 words in length.
Essay prompt 1: How has living with a congenital heart defe	ect impacted your life?
Essay prompt 2: How do you feel your congenital heart defe	ect will impact vou into adulthood?
ssay prompt 3: Explain your goals for the future.	

Please mail application and all supporting documentation requested to the address in the lower right corner. Must be postmarked by March 29th, 2024.

3743 Dotwood St. NW North Canton, Ohio 44720