



**APPLICANT INFORMATION**

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Ethnicity (Optional)		Date of Birth		Physician/Hospital	
Cardiac Disease					
Are you a citizen, national or permanent resident of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/>					
Are you a re-applicant to the scholarship?    YES <input type="checkbox"/> NO <input type="checkbox"/> If so, graduate or undergraduate?					
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					

**EDUCATION**

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GPA
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GPA
College (if attended more than one college)		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GPA

**REFERENCES**

*Please list three professional references from professors or someone who you have worked with who knows you well. One of the listed references should be your recommendation letter writer.*

Full Name		Relationship
Company or School		Phone (    )
Address		
Full Name		Relationship
Company or School		Phone (    )
Address		
Full Name		Relationship
Company or School		Phone (    )
Address		



**ACTIVITIES**

Company/Organization		Phone ( )
City/State/Country		Contact Name/Title
Responsibilities		
From	To	Hours per week
Company/Organization		Phone ( )
City/State/Country		Contact Name/Title
Responsibilities		
From	To	Hours per week
Company/Organization		Phone ( )
City/State/Country		Contact Name/Title
Responsibilities		
From	To	Hours per week

**REQUIRED INFORMATION**

A letter from a LICENSED PHYSICIAN, declaring that the applicant suffers from some sort of Cardiac disease or deformity.  
 Official transcripts from current academic institution.  
 One letter of recommendation from a previous or current professor.  
 A personal statement of no more than 2,000 words and no less than 500 words.  
 Applicants must also have a cumulative Grade Point Average of 3.0 at the time of the Application.

**ADDRESS**

**All application forms, transcripts, letters, and personal statements must be Faxed back to the:**

**Students with Heart  
 Foundation  
 Fax: 1-(305) 397-1917**

For any questions with the application, please email us at: [info@studentswithheart.org](mailto:info@studentswithheart.org) or feel free to call us at (325)728-0138.

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to scholarship, I understand that false or misleading information in my application may result in my dismissal of scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_