



Changin' Hearts Foundation Scholarship Form

Scholarship Information

The purpose of the Foundation's Scholarship Fund is to offer financial support to college bound students who have had a heart transplant and who continue to live their dreams, despite the insurmountable odds that they face.

Who is eligible?

Applicants must be currently enrolled in a fully credited high school or college and maintain a 2.5 grade point average. The applicant must be a United States citizen or a permanent resident and must be 16 years or older. Applicants must also be residents of the State of Georgia. Our foundation seeks to offer financial support to residents outside of Georgia in the future, so please check back with us for updated eligibility status.

Submission Method

Applicants must attach a Personal Statement of no more than 1,500 words and no less than 1,000 words that demonstrates their plan to live their dreams.

The Personal Statement must consist of the following:

- The applicant's application of their life's experiences as it relates to the Foundation's mission statement.
- Significant dates of events and the age of the applicant as those events occurred.

Applicants please place the following on the submission:

- The Changin' Hearts Foundation's Scholarship Mission,
- Your signature and that of a parent or guardian (for those applicants under age 18),
- The contact information for that parent or guardian if applicable,
- A cover page to include your full name (first, middle and last), complete home address including zip code, best contact number with area code, date of birth and email address.

Scholarship Amount

The amount of scholarship is at the discretion of the Changin' Hearts Foundation's Scholarship Awards Committee.

Please mail entries to:

The Changin' Hearts Foundation, Inc.

PO. Box 841

Palmetto, Ga. 30268

admin@changinhearts.org

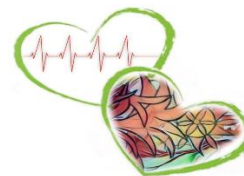
Limitation of liability

The Changin' Hearts Foundation, Inc. is not responsible for any incorrect or inaccurate information, technical error, or human error which may occur in the processing of submissions. The Changin' Hearts Foundation reserves the right, at its sole discretion, to cancel, terminate, modify or suspend this scholarship and wishes offers, in whole or in part, at any time.

All submissions become property of the Changin' Hearts Foundation, Inc. and will not be returned.

Print, fill out, and mail applications and personal statements to:

- ❖ **Changin' Hearts Foundation, Inc.**
P. O. Box 841
Palmetto, Georgia 30268-0841



CHANGIN' HEARTS FOUNDATION, INC. SCHOLARSHIP APPLICATION

*** PLEASE WRITE LEGIBLY ***

Applicant Information					
Last Name:		First Name:		Middle Initial:	
Age:		Date of Birth (mm/dd/yyyy):			
Street Address:					
City:		State:		ZIP Code:	
Cell Phone:			E-Mail:		
Physician/Hospital:			Transplant Date:		
Are you a citizen, national or permanent resident of the United States? YES or NO					
Are you a re-applicant to the scholarship? YES or NO					
Have you ever been convicted of a felony? YES or NO If yes, explain:					
Education					
High School:			Address:		
From: To:		Did you graduate? YES or NO		GPA:	
College:			Address:		
From: To:		Did you graduate? YES or NO		GPA:	
College (if attended two):			Address:		
From: To:		Did you graduate? YES or NO		GPA:	
Activities					
1. Company/Organization:				Phone Number:	
City/State:			Contact Name/Title:		
Responsibilities:					
From: To:			Hours per week:		
2. Company/Organization:				Phone Number:	
City/State:			Contact Name/Title:		
Responsibilities:					
From: To:			Hours per week:		

MEDICAL RELEASE “REQUIRED”

I hereby authorize the medical practitioner listed above to complete this form and to release any information to the Changin’ Hearts Foundation, Inc. concerning my medical condition for which is relevant to the completion of this form.

Transplant Recipient Signature:

Transplant Recipient’s Parent or Legal Guardian (if under 18 years of age) Signature:

PHYSICIAN’S STATEMENT

****REQUIRED INFORMATION****

Please attach your personal statement of no more than 2,000 words and no less than 500 words for which explains your plans to Live Your Dreams.

Disclaimer and Signature

“I certify that all information submitted by me on this application is true and complete to the best of my knowledge. I understand that false and misleading information, if this application leads to scholarship acceptance, may result in my dismissal of scholarship.”

Signature of Applicant:

Date: