

# Mended Hearts Y-Bridge Chapter #51

*In honor of Gene L. McDonald*

**1160 Bam Lane; Zanesville, OH 43701**

**October, 2018**

**Dear Education,**

**Attached are several copies of our scholarship application for 2019.**

**The Mended Hearts Y-Bridge Chapter #51, a local tri-county organization, will award two (2) \$1,000 scholarships for 2019 to graduating high school seniors and current college/university students.**

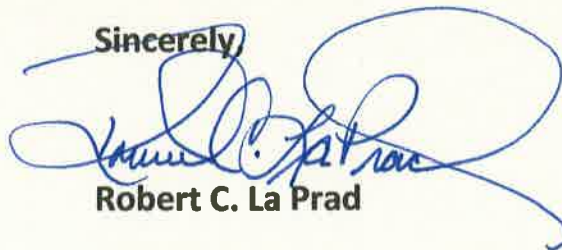
**To qualify, applicants must enroll or be enrolled in a program of health care related studies in an accredited school within the state of Ohio. Selection will also be based on the applicant's academic achievements, extra-curricular activities, community volunteer service and financial need.**

**Additional requirements are provided in the scholarship application including the deadline date of July 1, 2019.**

**Mended Hearts is a world-wide organization that focuses its' efforts on heart disease patients and families to receive support and encouragement on their way to heart health. It is the largest cardiovascular peer-to-peer support network in the world.**

**Should you have any questions or need further clarification, please feel free to contact me. Email: [rclapd@yahoo.com](mailto:rclapd@yahoo.com) or call: 740-297-7200.**

**Sincerely,**



**Robert C. La Prad**

**Chair, Scholarship Committee**

# Mended Hearts Allied Health Professional Scholarship

*In Honor of Gene L. McDonald*

## ***“Education is the key to the Future”***

**Application Deadline: July 1, 2019**

Mended Hearts Y-Bridge Chapter #51 is pleased to award a \$1,000.00 Scholarship to an entering freshman or upperclassman student who shows superior academic achievements, significant extra-curricular activities, community volunteer service and exhibits a financial need. The Scholarship will be distributed in two installments of \$500.00. The second installment will be given when the recipient submits a transcript of current First Quarter Grades that meets the approval of the Mended Hearts Scholarship Committee.

### **INSTRUCTIONS TO APPLICANT**

1. This application has been prepared as a means of obtaining necessary information regarding the applicant, and the applicant is required to give all information requested. Read the contents carefully and understand each question and all information requested.
2. No consideration will be given to carelessly prepared or incomplete applications.
3. Every question and statement must be answered and submitted. Do not answer any question with a check mark. If answer is “none” or “not applicable”, it should be so stated. If spaces are inadequate for answers, use a separate sheet.
4. Answers must be legible.
5. In order to be considered, the applicant must meet the following requirements:
  - a. Applicant must be a permanent resident of a south eastern Ohio county.
  - b. Applicant must enroll or be enrolled in a program of health care related studies in an accredited school within the state of Ohio.
  - c. A record of evidence of satisfactory scholastic or school grades, ability, ambition, and desire for continuance of education shall be submitted.
  - d. Applicant must write a letter not to exceed 500 words on how this scholarship will be beneficial in furthering their educational objectives. The letter must be handwritten or typed.

e. Return the completed application with other required data and requested information to:

**Chair, The Scholarship Committee**

**Robert C. La Prad**

**1160 Bam Lane**

**Zanesville, OH 43701**

The application must be postmarked no later than July 1, 2019.

- f. Have the following mailed directly to the Mended Hearts Scholarship Committee and postmarked no later than July 1, 2019.
- Three reference letters or completed forms enclosed, one of which must be completed by a teacher, one by school administration personnel, and one by a member of the community not associated with the school.
  - An up-to-date transcript of your high school and college transcript record. Transcripts must be mailed directly to the Mended Hearts Scholarship Committee from the appropriate institution.
  - ACT, SAT or other appropriate college entrance exam scores submitted by every applicant whether he/she be in high school or college. (Most high schools, colleges, trade schools, etc. have these scores in their files. If so, request that they forward these scores, along with your most current transcript. If not, it is the responsibility of the applicant to have these scores forwarded directly from the testing agency.)
6. Recipients of the Y-Bridge Chapter #51 Scholarship must not have a criminal record which would interfere with obtaining a license, nor any other academic or social probation.
7. Applicants shall agree that the use of the scholarship shall be predicated on enrollment or continuance of education in a health care field of study, in a recognized and/or a credited school such as college, university, trade school, business college or as may be acceptable to the Mended Hearts Scholarship Committee. The approved fund may be used for such purpose as tuition fees, books and student supplies, rather than for room, board, cloths, and living expenses, unless otherwise determined by the Committee. The use of the funds will be monitored by the Mended Hearts Scholarship Committee. Any unused approved funds will be returned to the Y-Bridge Chapter #51 for deposit in the Education Fund.
8. Applications that are lost in the mail are not the responsibility of the Mended Hearts Scholarship Committee. To avoid this possibility, applicants may wish to use registered mail or certified mail.

**NOTE:** The Mended Hearts Scholarship Committee may establish reasonable and operable procedures and qualifications for determining the selection of the recipient of the scholarship from the Education Fund, provided they are not in conflict with criteria or guidelines herein stated. The decision of the Mended Hearts Scholarship Committee is final.

# MENDED HEARTS SCHOLARSHIP APPLICATION

(To be completed by Applicant)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Number, Street, City, State, Zip)

Home Telephone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

(Number, Street, City, State, Zip)

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of high school, preparatory school, college/university, etc. you have attended or in which you are now enrolled:

<u>SCHOOL</u>	<u>LOCATION</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, \_\_\_\_\_ hereby apply for a Scholarship to enable me to (obtain/continue) my education at:

(Name College, University, Trade School)

Class standing: (Freshman, Sophomore, Junior, Senior): \_\_\_\_\_

Explain your financial need: \_\_\_\_\_

\_\_\_\_\_

Please complete the following (continue on the back page, if needed):

**Honors Received:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Societies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clubs or Fraternities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Extracurricular Activities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hobbies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MENDED HEARTS Y-BRIDGE CHAPTER #51**

**ALLIED HEALTH PROFESSIONAL Scholarship**

**Name of Applicant:** \_\_\_\_\_

**Application, Recommendation, etc.**

Send to:

**Robert C. La Prad, Chair**

**Mended Hearts Scholarship Committee**

**1160 Bam Lane**

**Zanesville, OH 43701**

**Correspondence should be postmarked no later than July 1, 2019:**

**Pertaining to Applicant:**

1. I have known \_\_\_\_\_ for \_\_\_\_\_ years.
2. I believe the applicant's scholarship ability to be:  
Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_ Superior \_\_\_\_\_
3. I believe the applicant's dedication to study to be:  
Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_ Superior \_\_\_\_\_
4. I would \_\_\_\_\_ would not \_\_\_\_\_ recommend the applicant for a scholarship because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pertaining to Individual Providing Recommendation:**

**My profession is:** \_\_\_\_\_

**I am associated with:** \_\_\_\_\_

**Print Your Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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Name of Applicant: \_\_\_\_\_

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Mended Hearts Scholarship Committee

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertaining to Individual Providing Recommendation:

My profession is: \_\_\_\_\_

I am associated with: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Telephone Number:** \_\_\_\_\_ **Signature:** \_\_\_\_\_