



## Children's Heart Foundation

Children's Heart Foundation is committed to making a positive difference in the lives of children with heart conditions throughout Nevada. We empower heart families through emotional, educational and financial support to inspire a higher quality of life for all.

### **Smart Heart Scholarships Application & Eligibility Requirements**

#### **Statement:**

- Children's Heart Foundation will offer two \$2,500 scholarships each year to Nevada heart kids continuing their education after high school. Scholarships will be awarded to two graduating seniors and are one-time awards. The scholarships are non-renewable.

#### **Eligibility:**

- A Nevada congenital or acquired heart disease patient currently being seen by a pediatric cardiologist.
- The heart child must be currently attending a Nevada public or private high school or in an official home-schooled program.
- The heart child must have a minimum GPA of 3.00.
- The heart child must attend a four-year college or university the immediate school year following high school graduation.

#### **Application Requirements:**

- A cover letter that includes all contact information.
- The authorization form at the bottom of this application. The heart patient's pediatric cardiologist in Nevada must confirm diagnosis and last medical visit.
- Essay: How experiences related to my heart condition will help me later in life.
- Two letters of recommendation.
- High school transcript
- Resume

#### **Review Process:**

- Applications and all other materials are to be submitted to Children's Heart Foundation no later than Friday, May 7, 2010.
- A scholarship committee made up of three community members will judge the entries.
- Scholarship winners will be notified by July 16, 2010.



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## Authorization for the Release of Health Information

I hereby authorize \_\_\_\_\_ to release the protected health information of:

Patient: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

The information is to be released to:

Name: Children's Heart Foundation, Attention Scholarship      Phone (702) 967-3522  
Address: 3006 South Maryland Parkway, Suite 690              Fax (702) 967-3523  
Email Address: shannon@chfn.org

The information I wish to have release is:

Confirmation of diagnosis     Date of last visit

The purpose for such disclosure is:

Scholarship application

This authorization will expire one year from the date it is signed.

♥ I understand that this authorization may be revoked by me at anytime except to the extent that action has been taken.

♥ The information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient.

\_\_\_\_\_  
Patient or Parent/Guardian Signature      Relationship to Patient      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This authorization form is designed to meet the requirement of federal privacy regulations issued by HIPAA.

**All items on this authorization must be completed in full or the request will not be honored.**