

## **Children's Hemiplegia and Stroke Association Education Scholarship Application**

CHASA is proud to offer an annual scholarship for those affected by childhood hemiplegia. Scholarship deadline is April 1<sup>st</sup> of each year. Please read the scholarship guidelines below to determine your eligibility.

### Eligibility requirements

- Age 25 years or less
- Affected by childhood hemiplegia due to stroke or other causes
- Attending a post-secondary school leading to a degree or certification
- No more than one prior CHASA scholarship
- Currently diagnosed as having hemiplegia

### Application requirements

- Application form (page two of this packet)
- Essay (page three of this packet)
- Physician's signature on the certifying form (page four of this packet) **THIS MUST BE MAILED BY THE PHYSICIAN IN A SEPARATE ENVELOPE.**
- Permission to release name/image (page five of this packet)
- All required elements postmarked by April 1<sup>st</sup> of the application year
- All application material is confidential unless the release is signed and the property of the Children's Hemiplegia and Stroke Association.

### Scholarship information

- The number of scholarships per year will be determined by the board on a year to year basis depending on funds
- The amount of each scholarship will vary from year to year as determined by the board.
- Recipient(s) will be notified by October 31<sup>st</sup> of the application year

### Mailing address:

4101 W. Green Oaks,  
Suite 305, #149  
Arlington, TX 76016

Email questions to: [info437@chasa.org](mailto:info437@chasa.org)

If you have questions, please utilize email instead of phone since CHASA has a limited number of volunteers who answer the phone.

# CHASA COLLEGE SCHOLARSHIP APPLICATION

*Please print or type*

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's name (if under age 18): \_\_\_\_\_

Name & address of high school or last school attended: \_\_\_\_\_  
\_\_\_\_\_

Name and address of school you will be attending the coming year: \_\_\_\_\_  
\_\_\_\_\_

Degree you will be working toward (if known): \_\_\_\_\_

Will you be attending school \_\_\_\_\_ Full time \_\_\_\_\_ Part time

Current Grade Level: \_\_\_\_\_ Last semester's GPA and dates: \_\_\_\_\_

High School GPA to date (not including current semester): \_\_\_\_\_

List academic achievements/awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List community or social achievements/awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about the CHASA scholarship? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature (if under 18) \_\_\_\_\_

## **CHASA SCHOLARSHIP APPLICATION ESSAY**

*Please print or type*

Please answer the following questions. You may use extra paper if needed.

***What goals have you set for your future? What experience do you feel has prepared you most for obtaining these goals?***

**Children's Hemiplegia and Stroke Association  
Scholarship Application Physician Statement**

*Applicant must have his or her physician sign the below statement confirming eligibility for the scholarship. This must be mailed **by the physician**, separate from the main application. Thank you for your cooperation.*

*Mail to:*

Children's Hemiplegia and Stroke Association  
4101 W. Green Oaks, Suite 305, #149  
Arlington, TX 76016

I have examined \_\_\_\_\_  
(applicant's name)

and confirm that he/she has experienced hemiplegia or hemiparesis during infancy or childhood.

Date of onset of hemiplegia or hemiparesis: \_\_\_\_\_

Cause of hemiplegia or hemiparesis: \_\_\_\_\_

Applicant currently exhibits hemiplegia or hemiparesis (circle one):    yes    no

Physician Signature \_\_\_\_\_ MD/DO

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_ give my physician permission to release the above information to the Children's Hemiplegia and Stroke Association.

Signature of applicant \_\_\_\_\_

**Children’s Hemiplegia and Stroke Association Scholarship Application  
Consent to Release Information**

By signing below I am giving CHASA permission to release my name (first and last), state of residence and essay answers either in excerpt or wholly for publicity purposes, including but not limited to the [www.chasa.org](http://www.chasa.org) website or any other CHASA owned website, CHASA print material, and in press releases relating to the scholarship event or Childhood Stroke Awareness Day. I understand that CHASA will not release my address, birth date or other personal information.

Name \_\_\_\_\_ Date \_\_\_\_\_