

Scholarship Application

The Sisters@Heart scholarship will be awarded to two individuals that have been affected by heart and stroke related illnesses. Our ideal scholarship recipient is a student who has been directly impacted by a heart or stroke health related problem in his/her life or in the life of someone in his/her family. This individual should personify the qualities of strength, perseverance and kindness while working to improve his/her life or the lives of others. Recipients should be planning for high school or college for the upcoming academic year. The scholarship, in the amount of \$1,000 each, will be given for the use of education or education-related expenses.

First and last name: _____

Mailing Address: _____

E-mail Address: _____

Preferred phone number: _____

Current School Name and Grade: _____

High School or College attending for the 2023-2024 Academic Year: _____

If you are chosen to receive this scholarship, are you willing to prepare a written statement (+/- photos and or videos) regarding your experience that may be published on the Sisters@Heart website?

____ Yes ____ No

Please complete a one page double-spaced Personal Statement outlining why you would be a good recipient to receive the scholarship.

Please submit this application and your personal statement by **April 1st, 2023** either to sistersatheart333@gmail.com or via mail to:

Sisters@Heart

Attn: Scholarship Committee

11 Cardinal Circle

North Attleboro, MA 02670



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