CHASA is proud to offer an annual scholarship for those affected by childhood hemiplegia. Scholarship envelope should be postmarked by August 31st of each year. Please read the scholarship guidelines below to determine your eligibility.

Eligibility requirements
- Age 25 years or less
- Affected by either childhood hemiplegia or hemiparesis due to any cause or by pediatric stroke, Onset of condition before the age of 18. Currently diagnosed as having hemiplegia or hemiparesis or pediatric stroke
- Attending a post-secondary school leading to a degree or certification or attending a post-secondary vocational education program
- You may reapply for consideration each year for up to four consecutive years
- If you have been awarded a CHASA scholarship, you may reapply for consideration for up to a total of four years
- You must be enrolled in college for the Fall of the year in which you apply.

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 DIRECTLY BY THE PHYSICIAN IN THE PHYSICIAN’S OFFICE-STATIONERY ENVELOPE OR ENVELOPE STAMPED WITH THE PHYSICIAN’S RETURN ADDRESS. Please do not mail in a standard envelope. If this Physician Statement page is mailed by you and not the doctor, we will not be able to consider your application.
- Permission to release name/image (page five of this packet)
- All required elements postmarked by August 31st 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 awarded per year will be determined by the board on an annual 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 31st of the application year and scholarship check will be delivered to the school

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

Email questions to: 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: ____________________________

Note regarding email: Please carefully print email. This is how we will communicate with you. If there are unusual characters in your email, like a “1” or “l” (number 1 or lower case letter L), please help us understand this character so we can reach you.

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: ________________

Final High School GPA: ________________

List academic achievements/awards: ____________________________________________

________________________________________________________________________

List community or social achievements/awards: __________________________________

________________________________________________________________________

Name of physician who will submit Physician Statement: __________________________

How did you find out about the CHASA scholarship? ____________________________

Applicant’s Signature __________________________ Date _________________

Guardian’s Signature (if under 18) _________________________________________
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 in the physician’s office-stationery envelope or envelope stamped with physician’s return address. Mail separately from the main application. Physician statements mailed from your home address will not be accepted. Thank you for your assistance.

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 with onset before the age of 18 years and that the applicant currently exhibit hemiplegia or hemiparesis.

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 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 ________________