



## Swymer Family Scholarship Application

Applicants for the Swymer Family Scholarship must meet the following criteria:

- You must have been an inpatient at CHaD or have been seen by a CHaD **Specialist** for care at any location during the past 2 years.
- You must be a high school Senior or Home School student who will be attending an accredited college or other post high school educational facility (technical school, art school) within one year of the time this application is submitted.
- You must complete a 500 to 1000 word essay concerning your thoughts related to succeeding in college or other higher education while living with the challenges of your chronic illness/disability.

Possible questions to address in your essay include:

*How has living with a challenging or chronic illness helped prepare you for schooling after high school?*

*Explain what the challenges have been and how they have helped you grow and mature?*

*What obstacles or hurdles do you see and how will you manage them?*

*What will you need to do to prepare to be on your own?*

*What opportunities do college or other educational training after high school present to you?*

- The essay along with this application must be postmarked no later than December 22, 2006.

*Please print*

Name \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

Current School \_\_\_\_\_ Graduation Date \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Experience as a CHaD patient \_\_\_\_\_

Where treated \_\_\_\_\_ Doctor \_\_\_\_\_

*By signing this application you agree to allow Children's Hospital at Dartmouth and the New Hampshire Fisher Cats Foundation to publish your name and photo as the winner of this scholarship should you be selected. **If you are not 18 years of age at the time you submit this application, a co-signature of a parent or legal guardian is required.***

Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Signature (if needed) \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Please sign above and mail this application and your essay together postmarked no later than December 22, 2006, to: Toby Trudel, CHaD Community Relations, Dartmouth-Hitchcock, 100 Hitchcock Way, Manchester NH 03104  
If you have questions, please call 603-629-1862 or send an e-mail to [toby@hitchcock.org](mailto:toby@hitchcock.org).