

**CHAD SCHOLARSHIP APPLICATION FORM**

**SCHOLARSHIP APPLICATION FORM**

**Part I**

Applicant's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Street or PO Box City State Zip

Occupation: \_\_\_\_\_

Phone number: \_\_\_\_\_ Social Security  
No. \_\_\_\_\_

Email address:

\_\_\_\_\_

Name of Applicant's High School:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone Number \_\_\_\_\_

County in which School is

Located \_\_\_\_\_

Principal's name: \_\_\_\_\_ Phone  
Number: \_\_\_\_\_

Contact email:

\_\_\_\_\_

Name of Parents or Legal Guardians

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation(s) \_\_\_\_\_

\_\_\_\_\_

Phone number:

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PRESENT STATUS AS A STUDENT

I will graduate from \_\_\_\_\_ High School on (date)  
\_\_\_\_\_ 2026.

1. What college, university, trade, technical, or vocational training school do you plan to attend? Have you applied yet ☐ Yes ☐ No

Name of School:

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Phone number:

\_\_\_\_\_

Scholarship Officer: \_\_\_\_\_ Email/phone  
number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. In what field do you plan to study? \_\_\_\_\_

3. List of three references: teacher, mentor, coach, employer, or volunteer organization director, one of which must be either your counselor, teacher, or high school principal.

### References:

1. Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

## **SCHOLARSHIP APPLICATION FORM**

### **Part II**

For my application to be considered, Part I and Part II of this application form, your Application Essay, two required letters of recommendation, and transcript are to be submitted with this application. (Also, for applicants applying for the “Story of the Heart Scholarship,” please attach your written “Story of the Heart.”) \*All applicants, please attach a recent clear snapshot or school photo. Selection will be determined by The Chad Scholarship Committee using all the required criteria.

4. List all school activities/awards/leadership recognition

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5. Non-school activities/awards/leadership recognition

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6. Grade Point Average and Improvement. – Please attach your transcript. (including classes enrolled and completed and transcript of grades. \_\_\_\_\_)

7. Work experience and/or Community Volunteer experience

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8. Please attach an Application Essay (1 to 2 pages in length, double-spaced) regarding your financial needs, career, educational goals, and progress you have made. (The “Athlete/Scholar/Leader Scholarship Award” requires an Application Essay of two pages, double-spaced.

Applications must be returned by March 1, 2026, with the required attachments to be considered for this scholarship. If you have questions or need additional information, please contact Arista Burtrum, Founder of The Chad Foundation for Athletes and Artists, at 917-334-1194 or email at [Arista@Chad-Foundation.org](mailto:Arista@Chad-Foundation.org). Please send completed applications electronically to the following link, including the required attachments:

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Applicant's Name - Signature and Print	Date
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Parent's Name or legal guardian - Signature and Print	Date
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