



## **Dr. James A. Duff “Have a Heart” Memorial Scholarship Award**

In the spring of 2006 the Auxiliary to Driscoll Children’s Hospital established the Dr. James A. Duff “Have a Heart” Memorial Scholarship for cardiac patients. As a cardiothoracic surgeon, Dr. Duff served the patients, their families and the staff with dedication for almost 26 years. He was instrumental in creating the cardiology program at Driscoll in the late 1960s, and the scholarship was created to honor his memory. Scholarships are awarded annually to applicants who are former and/or current cardiac patients of Driscoll Children’s Hospital. Donations, along with the proceeds from the Annual Book and Uniform Sale, help to fund the scholarship. This scholarship will only apply toward tuition, books and mandatory fees.

Undergraduate applicants must satisfy the admission requirements of their chosen university, college or vocational school. No restriction is made regarding field of study. Selection will be based on academic record, attitude, initiative and financial need. The scholarship will be awarded for one school year to be distributed to the recipient’s school finance department. Recipients may continue to receive the award amount each semester for each of their freshman through senior years by submitting a transcript after each semester, thereby eliminating the need to re-apply each year. The recipient must maintain a minimum 2.0 grade point average in order to receive payment for each succeeding semester’s award within the scholarship year. Five-year students may be considered with committee approval. The amount of each award will be a maximum of \$4,500 per annum (\$1,500 maximum per long semester and \$750 maximum per summer session). Awardees must submit grades as soon as available at the end of each semester to the Dr. James A. Duff “Have a Heart” Scholarship Committee. A cover letter sharing details of that semester should accompany the transcript.

### **Application Process:**

1. Include a school transcript. Please secure this first so you will be assured you will have it to send in with the application.
2. Complete the official “Application for Scholarship.” Submit or postmark by April 15. Applications received after the deadline and/or incomplete will not be considered by the committee.
3. Include a letter of intent as described on the application form.
4. Include a current photo of yourself.
5. Send packet to:

Scholarship Committee  
Auxiliary to Driscoll Children's Hospital  
Volunteer Services Office  
Driscoll Children’s Hospital  
3533 South Alameda  
Corpus Christi, Texas 78411

Please keep this address for future reference when sending in your transcript and cover letter each semester to the Scholarship Committee c/o Volunteer Services. If a phone or personal interview is necessary, applicants will be notified. Scholarships awarded are based on available funding per fiscal year.

If you are selected to receive a scholarship, all recipients will be recognized and presented a certificate at the June Auxiliary Board Meeting. An invitation to each student and their family members will designate the place and time.

**Dr. James A. Duff "Have a Heart"  
Memorial Scholarship Award Application**

<b>Personal Information</b>		
Name:		
Home Address:		
City:	State:	Zip:
Personal Phone:	Parent's Phone:	
E-mail address:		

<b>Family Information</b>		
Father's Occupation:		
Mother's Occupation:		
Siblings and ages:		

<b>Academic Information</b>		
Current GPA:	Major:	
Student ID# at college:		

<b>Extra-Curricular Activities/Hobbies</b>		

<b>High School Honors/Awards</b>		

Hobbies/Volunteer Activities

College, University or Vocational Institution Information		
College Name:		
Financial Officer:		
Address:		
City:	State:	Zip:

Estimated Expenses	
Tuition and Fees:	Housing:
Books:	Food:
Transportation:	
Total Estimated Expenses:	
Family Contribution:	
Are you receiving financial support other than parental assistance?	
If yes, what kind?	
If yes, how much do you receive per semester?	

Reference (School Counselor or Principal). Let your counselor or principal know that we may be contacting him/her.		
Name		
School	Phone:	
Address		
City:	State:	Zip:

Applicants must complete a letter of intent. This should be 200 words or less on how this scholarship would benefit you. Please attach your typed letter to the back of this application.

I hereby certify that the above information is correct and that I fully understand the requirements to maintain this scholarship award. If selected, I will present the Scholarship Committee with my grades in December, May, July and August. If awarded this scholarship, I will allow my name and/or photograph to be used for publicity connected with Driscoll Children's Hospital.

Applicant Signature:

Parent's Co-signature, if under 18:

#### Application Checklist

- \_\_\_\_\_ 1. Submit a school transcript. Please secure this first so you will be assured you will have it to send in with the application.
- \_\_\_\_\_ 2. Complete the official "Application for Scholarship."
- \_\_\_\_\_ 3. Include a letter of intent described above.
- \_\_\_\_\_ 4. Include a current photo of yourself.
- \_\_\_\_\_ 5. Turn this complete package in by April 15<sup>th</sup>.

If you have any questions, please call 361-694-5011 or email [volunteer@dchstx.org](mailto:volunteer@dchstx.org). The fax number for the Volunteer Services Department is 361-808-2096.

**Date:** \_\_\_\_\_