



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

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 former and/or current cardiac patients of Driscoll. Donations, along with the proceeds from the Auxiliary stores, help to fund the scholarship. This scholarship will only apply toward tuition, books, and mandatory fees.

Applicants (graduating seniors in high school) 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, demeanor, initiative, and financial need. The scholarship will be awarded for one school year to be distributed to the recipient’s school financial department. Recipients may continue to receive the award amount each semester for each of their **freshman through senior year** by submitting a transcript after each semester, thereby eliminating the need to re-apply each year. The recipient must maintain a minimum 2.5 grade point average to receive payment for each succeeding semester’s award within the scholarship year. The amount awarded will be \$2,000 per fall and spring semester, and \$1000 each summer session.

Requirements will be a letter of intent, an essay on how this scholarship would benefit the recipient, and **full-time** enrollment in a college, university, or vocational school of 12 hours or more. Awardees must submit grades as soon as available at the end of each semester to the Auxiliary 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 15th. 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:

Driscoll Children’s Hospital
Auxiliary Scholarship Committee
3533 South Alameda
Corpus Christi, Texas 78411
or email – volunteer@dchstx.org

Maintain 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, recipients will be notified by phone, mail, or e-mail. Payment will be distributed to the recipient’s school financial department. All recipients will receive a certificate.

For more information contact the Volunteer Department at 361-694-5011 or email volunteer@dchstx.org.

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

Personal Information		
Name:		
Home Address:		
City:	State:	Zip:
Personal Phone:	Parent’s Phone:	
E-mail address:		

Family Information		
Father’s Occupation:		
Mother’s Occupation:		
Siblings and ages:		

Academic Information		
Current GPA:	Major:	
Student ID# at college:		

Extra-Curricular Activities/Hobbies		

High School Honors/Awards		

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 Auxiliary Scholarship Committee with my grades at the end of each semester. 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 most recent school transcript with the scholarship 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 15th.

For more information, contact the Volunteer Department at 361-694-5011 or email us at volunteer@dchstx.org.

Date: _____