**College Scholarship Application**

The Christopher D. Redding Youth Asthma Foundation is a nonprofit charitable organization with the mission of educating, advocating, and providing services for youth and families that are affected by a life which includes asthmatic conditions. The focus of the foundation is to lessen the adverse health effects on asthmatic children and young adults that are involved in athletics.

As a part of our foundational charter, the Christopher D. Redding Youth Asthma Foundation seeks to award annual scholarships to qualified high school seniors who are student-athletes and who have a medically documented diagnosis of asthma.

Scholarship applications are made available to assist with college education expenses for those students that have been confirmed to attend a two-year community college or a four-year college or university as a full-time student the following Fall. Scholarship award recipients will receive an award no less than $2000.00.

**Eligibility**

To be considered for this college scholarship, a student must meet the following criteria:

1. You are a high school senior graduating by June of the current school year.
2. You participate in (a minimum of one) high school sports activity.
3. You have been involved in charitable activities such as community service or volunteer work.
4. You can provide documented evidence of an asthma medical condition by a medical professional.
5. Permanent residence in one of the following Chicagoland area counties in Illinois: Cook, Lake, DuPage, Kane, Kankakee, McHenry, or Will.

**Selection Criteria**

All applications will be reviewed and selected by the Board of Directors of the Christopher D. Redding Youth Asthma Foundation. Scholarship recipients will be based upon student essay submissions, letters of recommendation *provided by both a high school athletic director or coach and community service organization*, and the content submitted on the attached student application form that has been provided.

**Application Instructions**

The student scholarship application packet must contain ***all*** of the following:

1. The attached two page application form completed by the student.
2. A letter of recommendation from a high school athletic director or coach.
3. A letter of recommendation from the staff member of a community service organization such as a religious institution, charitable or nonprofit organization, which documents the volunteer service activities of the student.
4. An official high school transcript (in a sealed envelope) which includes credits and grades for seven semesters. ***Please note that the transcript must have an official seal and signature.***
5. An official ACT or SAT report.
6. A physician’s letter which documents the students diagnosed case of asthma.
7. A typed and double spaced essay of approximately 2 pages: ***“The Impact of Asthma on my Life”.***

**College Scholarship Application Form**

***Instructions: Please print in ink or type all information. Use additional sheets if necessary.***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parents or Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACT/SAT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List College(s) you hope to attend Applied (yes/no) Accepted (yes/no)

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***Responses listed below must be verified by a faculty member.***

List current high school sports activities. Verifier signature (Athletic Personnel)

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List school extra-curricular activities and leadership roles. Verifier signature (Faculty member)

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**College Scholarship Application Form - page 2**

List school offices you have held. Verifier Signature (Faculty member)

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List individual honors received (scholastic, athletic). Verifier Signature (Faculty member)

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Summary of community activities, including leadership roles. (May include church activities)

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How did you learn of the Christopher D. Redding Youth Asthma Foundation College Scholarship?

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**Scholarship Agreement**

I,(**print name**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information I have provided on this form is complete and accurate. I authorize the Christopher D. Redding Youth Asthma Foundation to use the information provided here solely to assess my eligibility for a scholarship.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent / guardian\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *\* Signature of parent required for applicants under the age of 18 years of age.*

***Please submit application materials via e-mail to Scholarships@CDRYouthAsthma.org.***