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Maggie Baumann Memorial Scholarship 2025 Application Form

Submit this completed application to jeanne.siegel@chaoc.org by April 30, 2025.

General Information

Full Name: _____ Date of Birth: _____
Address: _____
City/State/Zip: _____
Phone Number: _____ Email Address: _____

Academic Information

High School Name: _____
Graduation Date: _____
Cumulative GPA: _____

Post-Secondary Plans

Intended College/University Program: _____
Intended Healthcare Field of Study: _____

Health Background

Diagnosis: _____

Essay Question

On a separate page, in 500-750 words, please respond to the following prompt:
How has living with congenital heart disease influenced your desire to pursue a career in healthcare? Share how your experiences have shaped your future goals and how you hope to make a difference in the healthcare field.
