



PO Box 8141 | Cincinnati, OH 45208
513.812.2266 | info@chaoc.org | CHAOC.org

Maggie Baumann Memorial Scholarship 2026 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: _____
Intended Healthcare Program/Field of Study: _____

Health Background

Diagnosis: _____
Hospital/Medical Center Providing Cardiac Care: _____

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.