

Tel: 678-840-2288 www.childrensheartga.com FAX: 678-840-3982

Dr. Fred Cesar Memorial Scholarship Application

DR. FRED CESAR MEMORIAL SCHOLARSHIP APPLICATION

About the Dr. Fred Cesar Memorial Scholarship

Each year, Children's Heart Specialists of Georgia (CHSGA) awards a \$500.00 scholarship to a graduating high school senior who has an interest in pursuing a career in healthcare.

This scholarship was established in the name of Dr. Fred Cesar who passed away in his sleep in January of 2014.

Dr. Cesar was born in Haiti and came to the United States as a teenager. After graduating high school, he attended Florida International University and graduated with a degree in Biology. He attended Meharry Medical College for medical school and for his subsequent residency in Internal Medicine.

In 2014, at age 41, Dr. Cesar left us and went to be with the Lord. Dr. Cesar was a loving and devoted husband, father, son, friend, and physician to many in Tennessee and Florida. We miss him greatly and want to honor his life and legacy with this scholarship.

Please Note:

- 1. The application and supporting documents must be returned to CHSGA no later than April 30, 2019. Please e-mail your completed application and all supporting documents to officemanager@childdrensheartga.com
- **2.** The Dr. Fred Cesar Memorial Scholarship is available only to high school seniors who have been accepted to college and are planning to pursue a career in healthcare.
- **3.** All applicants must be Georgia residents.
- **4.** All applicants must submit proof of college acceptance.
- **5.** Please have your high school guidance counselor e-mail an official copy of your transcript to officemanager@childrensheartga.com

If you have any questions please feel free to email us at officemanager@childdrensheartga.com.



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Demographic informat	tion		
Last name:		First Name:	
DOB:		Email address:	
Permanent address:			
Best phone number to re	each you:		
Additional phone number	er:		
Name of your high school	ol:		
G.P.A:			
Education			
List colleges or universit	cies which you have been accept	ed for the fall:	
Name of college or unive	ersity you will be attending in th	e fall:	
Major or course of study	you will pursue in college:		
List any scholarships you	u have received:		
List academic awards an	nd achievements:		
Extracurricular activit	ies and community service		
List extracurricular activ	vities: (Include sports, clubs, offi	ces held in school.)	
List community activitie	s: (Include church and commun	ty activities.)	
SMYRNA 3040 Highlands Pkwy Suite D	DOUGLASVILLE 4904 TIMBER RIDGE DRIVE SUITE 202A	CARROLLTON 150 CLINIC AVENUE SUITE 102	LITHONIA 5700 HILLANDALE DRIVE SUITE 190
SMYRNA, GA 30082	Douglasville, GA 30135	CARROLLTON, GA 30117	Lithonia, GA 30058



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Essay

Write a one-page essay on what you will study in college and why you want to pursue a career in healthcare.