

CLEFT PALATE PARENTS' COUNCIL  
43 Dock Lane  
Wantagh, NY 11793

March 2024

The Cleft Palate Parents' Council is a support group for parents of children born with cleft lip and/or palate established about 30 years ago. We work with the Hagedorn Cleft Palate Center at North Shore Hospital in order to provide information and support to parents.

The Council has recently decided to help children born with cleft lip and/or palate, or other craniofacial anomalies by awarding a scholarship (amount to be announced) to help them with their college education.

To be eligible for this scholarship the child must have been born with a craniofacial anomaly, such as cleft lip and/or palate, but not limited to cleft lip and/or palate. They must be a graduating senior and a Nassau or Suffolk County Resident.

The child must complete the attached application and return it with the following:

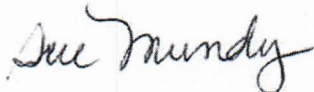
1. An official high school transcript
2. A recommendation from the guidance counselor or a teacher
3. An essay stating how being born with a craniofacial condition has affected your life.

Everything must be submitted no later than May 1, 2024 to be considered for this award. Incomplete information will disqualify the applicant. For additional information, please contact Sue Mundy at (516) 353-8898. This application may be duplicated if necessary.

Please mail to:

Cleft Palate Parents' Council  
43 Dock Lane  
Wantagh, NY 11793

Sincerely,



Sue Mundy  
Parent Liaison

CLEFT PALATE PARENTS' COUNCIL  
43 Dock Lane  
Wantagh, NY 11793

**SCHOLARSHIP APPLICATION**

PLEASE PRINT ALL INFORMATION NEATLY

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Name & Phone # of High School \_\_\_\_\_

School Rank \_\_\_\_\_ SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_  
Please submit an official High School Transcript (showing 1<sup>st</sup> semester grades)

Academic Honors \_\_\_\_\_

Sports Participated in at School or Outside Clubs \_\_\_\_\_

Other Club Activities \_\_\_\_\_

College Attending (please attach copy of acceptance letter)  
\_\_\_\_\_

Intended College Major \_\_\_\_\_

Craniofacial condition \_\_\_\_\_

Any incomplete information will automatically disqualify your application.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date