



Cardiovascular and Risk Reduction Center

## Optimal Blood Pressure Scholarship Application

### About

*The Optimal Blood Pressure Scholarship was established in 2018 to provide more access to necessary medical equipment to those in need. The blood pressure cuffs provided were gifted by Optimal Health Scholarship recipients who decided to donate the cuffs provided to them (from their scholarship), to others who may need them more.*

*The scholarship is uniquely designed for candidates who are passionate about synthesizing and maintaining a healthy lifestyle change, however, are currently experiencing a financial barrier. This scholarship is only awarded if equipment is available, and/or financial resources permit in our funding.*

### Checklist

Please print, return or scan this signed checklist with all check boxes marked to Alyssa at [alyssa@morriscardio.com](mailto:alyssa@morriscardio.com).

- A completed and signed scholarship application
- My personal statement
- This checklist with my signature

### Agreement

I have verified that all information is accurate to my knowledge, and I meet all program requirements as detailed. If requested, I will provide the supplemental documents accordingly.

I understand if I become a recipient of this Morris Cardio Scholarship that I need to provide a healthful “pay back” to another in need, at some point in the future. It does not have to be monetary, simply something that is done or given out of kindness for another to keep the cycle growing.

If at any point in time I no longer utilize the blood pressure cuff provided, I will pass it forward onto another individual (or facility) that can utilize it.

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Printed Name

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Signature

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Date

*Thank you for applying, let's get healthy!*

**MORRIS**  
Cardiovascular and Risk Reduction Center  
**Optimal Blood Pressure**

**Candidate Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address (active) \_\_\_\_\_

Phone Number \_\_\_\_\_ **Circle:** Home/Work/Cell

Alternative Number \_\_\_\_\_ **Circle:** Home/Work/Cell

Sex: M | F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Current physical activity regime, if applicable: \_\_\_\_\_

Are you a current Morris Cardio patient?  Yes  No

How did you hear about this opportunity? \_\_\_\_\_

**Employment**

Who is your current employer? \_\_\_\_\_

**Personal Statements** *(Use additional paper if necessary)*

Please provide a personal statement of why you believe you would be a suitable recipient of this scholarship. Personal statements must be a minimum of 100-250 words either typed or handwritten.

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Please provide a statement of a current health obstacle you have, and one small action plan that you can do tomorrow (be realistic) to move in a direction to attack your goal (usually the smaller the action plan the better).

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**[Circle the respective number below that correlates with your confidence in accomplishing your action plan listed above]**

*Definitely Not Accomplish* *100% For Sure Accomplish*  
0 1 2 3 4 5 6 7 8 9 10