

**Children's Hospital of Georgia Pediatric Cardiology Heart Patient  
William A. Lutin Spirit of the Heart Award**  
funded by the  
**Children's Heart Program Volunteer Council**



The Children's Heart Program Volunteer Council annually recognizes children/adults with congenital or acquired heart disease by providing a \$1,000 award to assist with a specific educational or developmental opportunity. Recognizing these children and adults face enormous challenges throughout their lives, these awards provide an opportunity to expand their goals. The award is named for Dr. Bill Lutin, pediatric cardiologist, who has dedicated his life to care for his heart patients at Children's Hospital of Georgia (MCG). The **William A. Lutin Spirit of the Heart Award** will provide funds for educational enrichment or physical development. Dr. Lutin has put his heart into helping these special children and loves watching them succeed.

**Criteria**

A deserving individual will be selected based on the following criteria:

- must be or have been a patient at the Children's Hospital of Georgia or Satellite Clinic
- must be at least five years old
- can be pursuing post high school programs including technical school and graduate school
- can apply to use funds for equipment, camp or other opportunity that enhances their education or development in some way
- must not be a previous recipient of an award

**Method**

Applications can be submitted to Children's Hospital of Georgia Pediatric Cardiology from January through October each year. A designated committee consisting of two pediatric cardiologists and three CHPVC Board of Directors members will review applications. The decision of the committee is final and they will determine the best way to announce the award recipients based on individual circumstances.

The annual award(s) will be presented in one payment of \$1,000. The winner(s) will be notified by mail and will receive the check before December 30th.

**Selection**

Selection will be based on how these scholarships can provide a valued educational and developmental experience, the potential for providing a successful opportunity that the recipients may not have had otherwise, and will be awarded to an overall deserving individual.

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*Please return to Children's Hospital of Georgia Pediatric Cardiology Clinic  
1120 15<sup>th</sup> Street, BIW 6001, Augusta, GA 30912 by October 1.*

**Date** \_\_\_\_\_

**Nominee Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

**E-mail address (if available)** \_\_\_\_\_

**GRU Cardiologist** \_\_\_\_\_

**Type of Heart Disease** \_\_\_\_\_

**If student School/Year/Grade OR if adult Work** \_\_\_\_\_

**Explain reason for application** (insert additional pages if needed) \_\_\_\_\_

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