



Sharing Christ's love by meeting human needs

2017 Scholarship Application
Date Due: April 30, 2017

PERSONAL INFORMATION:

Applicant's Name: _____ Date of Birth ___ / ___ / ___

Address: _____

City: _____ State: _____ Zip: _____

Last 4 digits of Soc. Sec. # _____ Phone # _____

Email address: _____

Are you a United States Citizen? ___ If no, please provide documentation of legal residency.

Place of employment: _____

Have you or your family ever received assistance from New Hope or attended a New Hope After School Program? Please Describe:

If you live out of area but are applying for scholarship because you attend a supporting church, please identify the name of the church you attend, their address, and the name of someone at the church who can confirm:

Have you previously been a recipient of a New Hope Scholarship award? _____

EDUCATIONAL INFORMATION:

Date of High School Graduation or GED: _____

Are you a graduate of New Hope's GED preparation program? _____

Institution of higher education where accepted: _____

School Address: _____

Address and department to which scholarship check should be sent:

Intended major or career: _____

Length of course of study: _____

Year in your education you will be in the fall (1st, 2nd, 3rd, 4th): _____

FAMILY DATA (Complete this section **ONLY** if you are a current high school student and/or are listed as a dependent on anyone else's tax return):

Parent/Guardian names _____

With whom do you live _____

Is either parent: Deceased? _____ Disabled? _____

Brothers or sisters still residing at home: (List name and current age)

Is anyone else in your household currently attending a post-high school institution? Please Describe:

FAMILY/PERSONAL INCOME INFORMATION (fill in all that apply) :

Number of people in your Household: _____

Number of Adults 18 years of age or older: _____

Number of children under 18 years of age: _____

Your Personal Income for 2016: \$ _____

Total Household Income for 2016: \$ _____

ANNUAL COST TO ATTEND YOUR EDUCATIONAL INSTITUTION

Tuition _____

Room and Board _____

Fees _____

Other: _____

Total _____

FINANCIAL RESOURCES: List below all anticipated sources of income, parents' contribution, work study, savings, etc. that will be applied toward applicant's education:

OTHER SCHOLARSHIPS, AWARDS, OR GRANTS YOU ANTICIPATE RECEIVING:

Scholarship/Grant/Award	Amount	Date

Have you applied for (Please Circle One): Pell Grants: Yes No PHEAA: Yes No

COMMENTS:

State any additional information to show financial need and general worthiness. Describe personal and financial obstacles you and your family face in obtaining your education. If you need additional space, please attach a separate sheet of paper:

List extra-curricular activities (school/church/community), honors, awards, special skills:

Describe involvement in any volunteer programs (especially with New Hope Ministries) or relevant work experience:

Please Note:

- **Incomplete applications will be disqualified.**
- **Please do not staple anything.**
- **If awarded a scholarship, please inform your educational institution that payment will be sent by June 30th.**

To receive a scholarship, New Hope Ministries requires applicants to complete the following:

RELEASE OF INFORMATION:

New Hope Ministries, Inc. is requesting permission to use either photographs, video-recordings, my story and my name for publication in fund-raising and/or public relations efforts, such as newsletters, brochures, newspaper articles, website, displays, films, etc., both physical and virtual in format. This agreement includes materials provided by me or taken by or on behalf of New Hope Ministries and is totally without restriction regarding services received. I also agree that New Hope Ministries may select and use these materials without further permission from me and without payment for their use.

I agree to the following: (Check one reply for each statement.)

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pictures and/or video-recordings of myself and those listed can be published. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My name and those listed can be published. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My story can be retold. |

I certify that the statements contained in this application are true.

Applicant's signature

Date

Supporting parent/guardian's signature
(required if applicant is a student/dependent minor)

Date

Required attachments (failure to provide any of the following hard copy attachments before the application deadline may disqualify your application from consideration):

- _____ Essay (typewritten; 250 word minimum)
- _____ Teacher recommendation or letter of reference
- _____ New Hope staff recommendation (if involved)
- _____ Transcript & Certification of probable graduation/GED from High School or copy of H.S. diploma/GED (not needed for previous recipients unless changed)
- _____ Transcript/grade report of most recent academic year for current college students and previous New Hope Scholarship Recipients
- _____ Copy of letter of acceptance to institution of higher learning (not needed for previous recipients unless changed)
- _____ Copy of your FAFSA Student Aid Report (SAR) for the 2016/2017 School Year (available from www.fafsa.ed.gov)

*If you are unsure how to complete or obtain information required for this application, please contact a New Hope Ministries Center Manager or your school’s guidance counselor.

*If you are affiliated with New Hope Ministries, please set up an appointment as soon as possible to review your application and required material before sending it to the scholarship committee for review.