

The Hope Fund for Children
Scholarship Program Application

Purpose and Goal – To provide financial assistance to students who attended the Hope Fund After School Program and in need of paying tuition costs for post-secondary academic or technical education or training.

Applicant Name: _____

Address: _____

Date of Birth: _____

Siblings Name(s) and Age(s): _____

Year(s) in attendance in Hope Fund After School Program: _____

Applicant Contact Information

Email Address:

Cell Phone:

Preferred Method of Contact:

Call ____; Text ____; Email ____; No preference ____

Signature _____ Date: _____

Complete Both Forms and Return via Email to: TheHopeFundFC@gmail.com

For questions or clarification, email us or call 330-540-2753

Secondary and Post Secondary Information

Name of High School: _____

High School Graduation Date: _____

H.S. Grade Point Average (GPA): _____

Achievement Scores: ACT Composite: _____ CPT Composite: _____

SAT Composite: _____ SAT – Reading: _____ Math: _____ Writing: _____

Name of Academic/Technical Institution:

Academic/Technical School Degree/Certification Goal:

Estimated Number of Months/Years Required to Achieve Goal

Current Post-Secondary GPA (if applicable) _____

Please list details regarding any grants, scholarships and aid received (inc. title, award amount):

Note – Along with this application, we would ask that you share with us a summary of your life goals and why the Hope Fund Scholarship would be helpful to you in meeting your goals.