

Jeanette Cartwright Memorial Scholarship Student Application

Please use the following checklist as a guide to the requirements for completing your application. Application must be post-dated by March 15, 2018. Please mail your completed application to:

H.O.P.E. P.O. Box 175 Shrewsbury, PA 17361

| Complete Paper Application |
|---|
| Requirements of eligibility: 1. Must be current High School Senior 2. has an immediate family member diagnosed with cancer or one who has recently lost a family member to cancer |
| Submit a brief narrative summarizing the following ideas: What you aspire to do when you complete your education Why you are applying for this scholarship How the cancer diagnosis has impacted your life Any significant facts about you or your family's story |
| 3 Letters of Recommendation |
| Copy of High School Transcript |

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| Date of application:// | | | | | |
|---|--------------------|--------|-----|--|--|
| Student's Name: | | | | | |
| Date of Birth:// | | | | | |
| Home Address: | City | State | ZIP | | |
| Phone Number: | | | | | |
| | | | | | |
| Family Information | | | | | |
| Name of Parent(s)/Guardian(s): | | | | | |
| Parents are: Unmarried Married Separated Divorced | | | | | |
| Father Disabled Father Decease | d | | | | |
| Mother Disabled Mother Deceased | | | | | |
| Father's Occupation: | Father's Employer | : | | | |
| Mother's Occupation: | Mother's Employe | r: | | | |
| Siblings in Household: | | | | | |
| Name: | Age: | | | | |
| Name: | Age: | | | | |
| Name: | Age: | | | | |
| Family Member Diagnosed with Cancer: | | | | | |
| Name: | Relationship to St | udent: | | | |
| Does this family member reside in your home? Yes No | | | | | |

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| High School Education & Activities |
|--|
| Name of High School: |
| Extracurricular Activities and Honors: |
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| |
| Favorite Subjects: |
| |
| |
| |
| College Planning |
| What college or post-secondary school do you plan to attend? |
| What is the status of your application? Accepted In Process |
| Anticipated Expenses: Tuition & Fees: <u>\$</u> |
| Room & Board: <u>\$</u> |
| Other Expenses: <u>\$</u> |

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| Student's Contribution to Education | | | |
|--|--|--|--|
| Do you have a part-time job? Yes Name of Employer: | | | |
| No Do you plan to work this summer? Yes No | | | |
| Other sources of financial aid you have applied for: | | | |
| | | | |

It is understood that the Jeanette Cartwright Memorial Scholarship is gifted only if the first year of post-secondary education is completed. The scholarship must be considered a loan and repaid if the first year is not completed, unless prior approval is granted by H.O.P.E.'s Board of Directors. Proof of completion of the first year of post-secondary education can be provided with a copy of that year's college transcript. Please mail transcript to:

> H.O.P.E. P.O. Box 175 Shrewsbury, PA 17361

| Applicant's Signature: | Date | / | / |
|------------------------------|------|---|---|
| | | | |
| Parent/Guardian's Signature: | Date | / | / |