



## Jeanette Cartwright Memorial Scholarship Student Application

*Student Name:* \_\_\_\_\_

Please use the following checklist as a guide to the requirements for completing your application. Application must be post-dated by **March 15, 2023**. Please mail your completed application to:

H.O.P.E.  
P.O. Box 279  
Stewartstown, PA 17363

- 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 an immediate family member to cancer.  
*(Immediate Family Member: Relative such as, Father, Mother, Siblings or Grandparents, living in the same household with student.)*
- 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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# Jeanette Cartwright Memorial Scholarship

## Student Application (page 2 of 4)

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State ZIP

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Family Information

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Parents are:  Unmarried  Married  Separated  Divorced

Father Disabled  Father Deceased

Mother Disabled  Mother Deceased

Father's Occupation: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Siblings in Household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Immediate Family Member Diagnosed with Cancer:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Does this family member reside in your home?  Yes  No



# Jeanette Cartwright Memorial Scholarship

Student Application Continued (page 4 of 4)

Student Name: \_\_\_\_\_

## 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Area of Interest OR Major Course of Study:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 279  
Stewartstown, PA 17363

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_