



## Jeanette Cartwright Memorial Scholarship - 2025 Student Application

Please use the following checklist as a guide to the requirements for completing your application to provide financial assistance to individuals enrolled at an academic, vocational or technical school or post-secondary studies. Application must be post-dated by **March 15, 2025**. Please mail your completed application to:

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

Refer to application process below for instructions to submit your scholarship application and a list of the supporting documents needed. Incomplete applications will not be considered.

Complete Paper Application (*Make sure pages 2,3 & 4 are attached when submitting.*)

**NOTE:** EVERY page should be single sided.

Do NOT staple pages together.

Please use large 9 x 12 envelope to mail.

Please make sure your name is on every page where indicated.

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.

**NOTE: Immediate Family Member: Relative-Mom, Dad, Grandparents, Siblings who lives or lived in the same home with you.**

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

Updated 08/2024

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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/Did this family member reside in your home? \_\_\_ Yes \_\_\_ No

# Jeanette Cartwright Memorial Scholarship

Student Application Continued (page 3 of 4)

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

## High School Education & Activities

Name of High School: \_\_\_\_\_

Extracurricular Activities and Honors:

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Favorite Subjects:

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## College Planning

What college or post-secondary school do you plan to attend?

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What is the status of your application?  Accepted  In Process

Anticipated Expenses: Tuition & Fees: \$ \_\_\_\_\_

Room & Board: \$ \_\_\_\_\_

Other Expenses: \$ \_\_\_\_\_

# Jeanette Cartwright Memorial Scholarship

Student Application Continued (page 4 of 4)

Student's 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:

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

**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** \_\_\_\_/\_\_\_\_/\_\_\_\_