



Jeanette Cartwright Memorial Scholarship - 2026

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 13, 2026**.

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

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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: ___ - ___ - _____ Email: _____

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:

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: \$ _____

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 ____/____/____