

2024 Hope Scholarship Application

The Cancer Outreach Foundation Hope Scholarship will be offered on an annual basis to a college-bound student who meets the following criteria:

***To apply, you must:***

* ***Fill out the application completely. If the application is incomplete, the application will not be considered.***
* Type or print in black ink.
* Must have a parent/legal guardian or sibling who has/had cancer or have/had cancer yourself.
* Be attending college in the fall of 2024.
* Attach a 300 word maximum essay explaining why this scholarship will be helpful and why you are qualified for the scholarship.
* Provide a letter of recommendation.
* Personal interview may be required.
* Attach your EFC, which is a measure of your family’s financial strength.
* Submit to the Cancer Outreach Foundation office by March 22, 2024 , by one of the following three ways:

**Email:** becky@canceroutreachfoundation.com

**Fax:** (276) 623-0014

**Mail:** P.O. Box 1263 Abingdon, VA 24212

**Personal Information**

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

Gender: \_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Applicable, College Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated College Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_

Planned Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate extracurricular activities that you are involved in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Family/Financial Information** (Please complete the following section as our scholarship committee

considers financial need.)

Are you claimed as a dependent on your parents’/guardians’ tax return? \_\_\_YES \_\_\_NO

If YES:

 Are your parents/guardians helping you pay for your education? \_\_\_YES \_\_\_NO

 Parents’/Guardians’ Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parents’/Guardians’ Address if different from yours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Parents’/Guardians’ Employer(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of dependents claimed on your parents’/guardians’ tax return: \_\_\_\_\_\_\_\_\_

Are you married? \_\_\_YES \_\_\_NO

 Spouse’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly Wage $\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have dependents? \_\_\_YES \_\_\_\_NO # of Dependents \_\_\_\_\_\_\_\_\_\_\_\_

List any other scholarships/grants awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Use this space to explain any other circumstances/responsibilities that should be considered in determining possible financial need.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Expense Amount: $\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Expense Amount: $\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Expense Amount: $\_\_\_\_\_\_\_\_\_)

***Attach your EFC, which is a measure of your family’s financial strength. Contact your guidance counselor or a local college to fill out a free application for Federal Student Aid (FAFSA), which is used to calculate your EFC. The EFC is used to determine eligibility for other federal student aid programs.***

**Authorization**

\_\_\_\_I authorize the Foundation to publicize my name, picture, and any scholarship that I receive.

\_\_\_\_\_I authorize the Foundation to examine my educational & financial aid records for scholarship purposes.

\_\_\_\_\_I hereby certify that all information provided is accurate.

\_\_\_\_\_I understand that the Foundation may withdraw my award due to unmet scholarship criteria.

\_\_\_\_\_I understand that any scholarship award that I am granted must be accessed during the year that it was awarded.

***SIGNATURES BELOW MUST BE COMPLETED TO FINALIZE APPLICATION***

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Scholarship Candidate

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Recommending Official

 Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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