

# **HOPE Foundation of Darke County Adult Scholarship Application**

## **Lori Michelle Williams Scholarship Darke County Bar Association Scholarship**

The **Lori Michelle Williams Scholarship** is open to students who have completed at least one year of college and are pursuing a degree in a health-related field. This application must be **postmarked by June 14, 2011**.

The **Darke County Bar Association Scholarship** is open to students who attend or who have been accepted to law school. This application must be **postmarked by July 11, 2011**.

Please be advised that honesty is very important to the Scholarship Committee. They in turn will offer you confidentiality throughout this process. If you have any questions, please contact the HOPE Foundation president, Christy Prakel, at (937) 548-4673 or [hopefoundation@woh.rr.com](mailto:hopefoundation@woh.rr.com).

Required material for adult scholarships:

- Application
- Summary or resumé that includes:
  - College and community activities during college years.
  - Work experience during college years (include number of hours worked per week). You may mention any upcoming summer jobs.
  - Awards, honors or special experiences that are relevant to your college career.
- Essay of approximately 500 words describing why you deserve this HOPE Foundation Scholarship. Direct comments toward your motivation, need (financial or otherwise) and leadership qualities. You may address your career goals, creative or challenging experiences, or obstacles you have overcome to achieve your goals.
- Current college transcript
- If you filed a 2011 FAFSA (Free Application for Federal Student Aid), include a copy of 2011 report stating your Estimated Family Contribution.
- Small photo of yourself

Please send Lori Michelle Williams Scholarship application, postmarked by **June 14**, or Darke County Bar Association Scholarship, postmarked by **July 11**, to:

**HOPE Foundation of Darke County  
P.O. Box 438  
Greenville, OH 45331**

**HOPE Foundation of Darke County  
Adult Scholarship Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parents' names \_\_\_\_\_

High school you attended \_\_\_\_\_ Year of H.S. graduation \_\_\_\_\_

College you attend \_\_\_\_\_ Expected year of graduation \_\_\_\_\_

Course of study \_\_\_\_\_

Any graduate school plans \_\_\_\_\_

Annual cost for your school (tuition/fees/room & board) \_\_\_\_\_

List all scholarships, grants and financial aid (excluding loans) you received for 2010-2011 school year.

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

How are you paying for remainder of expenses? (Describe loans, parent contribution, savings, etc.)

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

In the space below, please indicate your family's adjusted gross income from 2010 federal income tax return.

_____ Under \$15,000	_____ \$60,000 - \$85,000
_____ \$15,000 - \$30,000	_____ \$85,000 - \$100,000
_____ \$30,000 - \$45,000	_____ \$100,000 - \$150,000
_____ \$45,000 - \$60,000	_____ Over \$150,000

Number of dependent children in family \_\_\_\_\_

List any siblings in college during 2010-2011 school year and where they attend.

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List any special circumstances that you want the committee to be aware of that affects the household's financial situation. (Disability, medical expenses, child support obligations, etc.)

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