

HOPE Foundation of Darke County Scholarship Application

Instructions:

Please fill out and submit this application to be eligible for the HOPE Foundation Scholarships. It must be filled out legibly and mailed into the address at the end of this application by May 1st of the students' senior year of high school. One application allows you to be considered by the HOPE Scholarship Committee for all of the HOPE Scholarships. Please be advised that honesty is very important to the Scholarship Committee. They in turn will offer you confidentiality throughout this process. Some scholarships but not all are designated for need based on financial considerations. Every effort is made to award at least one scholarship to each school district.

The HOPE Foundation uses a reimbursement method of awarding scholarships. Approved applicants will be sent a request for further information proving their college success and enrollment verification in the Spring of their Freshman college year. The actual award for the winners will presented at a meeting in June of that year. In the 2007 year, over \$75,000 in scholarship funds were distributed to representatives of every Darke County school district. The average award for each student was \$1,800. Since 1986, there has been support given to Darke County students totaling \$645,267. If you have any questions, please contact the President, Patty Lavy, at (937) 548-4673.

Name _____

Address _____

Phone Number _____

You will be contacted next January if the Committee would like to request further information to consider you for a HOPE Scholarship. List an address to be used to contact you if different than the above address.

Name of High School _____

Parent's names _____

Financial Need

a. Your college financial outlook (How much money you have saved, how much you plan to save between now, then and how much in loans you anticipate having to seek, financial aid outlook, parental contribution)

b. In the space below, please indicate your family's adjusted gross income from last year's federal income tax return. This information will remain confidential.

_____ 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 children in family _____

Number in high school _____

Number in college _____

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

Student Information

1. List what course of study you plan to pursue at this time. _____
2. List what schools you are actively considering and/or if you have been accepted

3. Attach a list of student and nonschool activities that you participated in throughout all four years of your high school career. Please also include if applicable :
 - an employment history with employer and number of hours per week worked.
 - If a member, past or present of 4-H, please identify your club, name of advisor, years participated, list of leadership positions held and projects completed.
 - If you were a member of matching band, how many years did you participate and what instrument did you play
 - Any special awards received or special experiences that may be relevant to your college potential

4. Your scholastic average (GPA) _____ Rank in class _____
Highest ACT Score _____ Date OGT was successfully completed _____
5. Please also furnish a picture with this application.
6. Please attach a typed essay not to exceed one page as to “Why I Should Be awarded a HOPE Foundation Scholarship?”

NOTE: Please also send your four year transcript of grades as soon as they are available but no later June 30th. This may include any college credit you may have earned. This may be sent directly from the guidance counselor at your high school, however, it is the sole responsibility of the student to make sure it has been provided to the HOPE Foundation.

This form is to be completed and sent by **May 1st** to:

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

Please direct any questions regarding this application or the HOPE Foundation to:

Patty Lavy, President
(937) 548-4673
hopefoundation@woh.rr.com

