



Raising HOPE Scholarship ***(Help, Opportunity, Passion and Empowerment)***

RAISING HOPE is a program of the United Way of Ulster County. Our vision is to offer **Help, Opportunity, Passion and Empowerment** to support women on their journey to success.

This program awards scholarship funds (minimum \$1,000) per recipient to Ulster County female residents, of any age, who wish to continue their education, but need financial assistance to do so. Candidates must be high school graduates or the equivalent, and be accepted to a 2-year or 4-year college, or a vocational/professional program. Interested women may be entering school for the first time, or returning to school after starting a family or having trouble in meeting their educational goals.

Applicants must complete and submit the application along with an essay and most recent transcript to the Raising HOPE Scholarship committee by **April 20, 2018**. A personal interview with the Raising HOPE Scholarship committee is required.

Raising HOPE Scholarship is a one-time award paid directly to the school to offset tuition, and book fees. We will recognize all scholarship recipients at our annual ***Raising HOPE Celebration*** (June).

Our hope is that the scholarship recipients eventually will become part of Raising HOPE and join us in our mission of “*women mentoring women to success*”.

For more information:

www.raisinghopeulster.org

Send an email to **scholarshiphope.hope@gmail.com**

RAISING HOPE, c/o UWUC, 450 Albany Avenue, Kingston, NY 12401 ~ **www.raisinghopeulster.org**

Phone: 845-331-4199

Fax: 845-331-4789



Women Mentoring Women to Success

RAISING H.O.P.E

Help • Opportunity • Passion • Empowerment

Raising HOPE Scholarship Application

Academic Year 2018-2019



Personal Information

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Personal Email _____

Education Information

Current School (if applicable) _____ Graduation year _____

Last School attended _____ Graduation year _____

GED _____ Yes _____ No _____ Year completed _____

Education Plans

School for which aid is requested _____ Start date _____

This school is _____ 2-year college _____ 4-year college/univ _____ Voc/tech school _____ Professional Program

If College/University _____ Full time _____ Part time

If Voc/Tech/Professional: anticipated course/program completion date _____

Field of study _____

Tuition for 1 year or cost of voc./prof. course \$ _____

School/Governmental financial assistance \$ _____

(Review current assistance to ensure it will not be jeopardized by this scholarship)

Total Household income \$ _____ Total # of dependents _____
(If you and/or spouse/partner work)

Personal or family circumstances that affect your need, such as, (unreimbursed) medical expense, unemployment, financial obligations for care of family members (parents), etc. _____

Please be advised upon selection for award of these scholarship funds you will be required to provide our organization with documentation of registration in the school or program.

Note: Information stated on this application will be verified by the scholarship selection committee.

Additional Background

Work Experience (you may enclose a current resume in place of completing the chart below)

<i>Company/Position Held</i>	<i>Full time/Part time</i>	<i>From</i>	<i>TO</i>	<i>Wkly Hrs</i>
<i>Currently employed as:</i>			<i>Current</i>	
<i>Previous employment:</i>				

Community Service (If any)

List all your volunteer services/activities in your community

<i>Type of Activity/Organization</i>	<i>From(mo/yr)</i>	<i>To(mo/yr)</i>	<i>Describe your role</i>

*In a separate attachment please complete a short essay (**no more than two pages**) on your educational goals, how this scholarship will assist you in attaining those goals and offers you- **Hope, Opportunity, Passion and Empowerment.***

I certify that the information on this form and attachments is true and complete to the best of my knowledge. I understand that all the information including the financial information is confidential and will be used for review by the Raising HOPE Scholarship committee only.

Applicant Signature and Date _____

*Please send application and proof of enrollment, **postmarked no later April 20, 2018** to:*

Raising HOPE Scholarship Committee
c/o United Way of Ulster County, 450 Albany Avenue, Kingston, NY 12401



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