

Raising HOPE Scholarship Application



Academic Year 2019-2020

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> |
|--------------------------------------|--------------------|------------------|---------------------------|
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*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 19, 2019 to:

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

Raising HOPE is a program of the



450 Albany Avenue, Kingston, NY 12401
 Phone: 845-331-4199 Fax: 845-331-4789
www.ulsterunitedway.org