

H.O.P.E.

Help for Oncology Problems & Emotional Support

Jeanette Cartwright Memorial Scholarship Student Application

Date: _____

School: _____

Family Information:

1. Student's name: _____ 2. Birth Date: _____

3. Address: _____

Phone: _____

4. Parent(s)/Guardian(s) names: _____

5. Parents: married _____ separated _____ divorced _____
 father disabled _____ father deceased _____
 mother disabled _____ mother deceased _____

6. Father's occupation: _____ Employer: _____

Mother's occupation: _____ Employer: _____

10. Brothers and/or sisters at home:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

11. Immediate family member diagnosed with cancer:

Name _____ Their relationship to you _____

Do they reside in your home? _____

2/2002

12. Extracurricular activities and honors:

13. Favorite subjects:

COLLEGE:

1. What college or post secondary school do you plan to attend? _____

2. Have you been accepted?

3. Upon completion of your education, what are your career goals? (You may attach additional pages)

4. Anticipated expenses:

Tuition & fees _____

Room & Board _____

Other _____

Student's Contribution to Education:

1. Do you have a part time job? _____ If so, where? _____

2. Where do you plan to work this summer?

3. Other sources of financial aid you have applied for:

On a separate piece of paper, please provide a brief narrative on the following:

What you hope to do when you complete your education?

Why you are applying for this scholarship?

How did the diagnosis of cancer impact your life?

Other significant facts about you or your family.

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2/2002

PLEASE INCLUDE A COPY OF YOUR HIGH SCHOOL TRANSCRIPT.

YOU MAY ATTACH RECOMMENDATIONS FROM YOUR TEACHERS, PASTORS, SCOUT LEADERS OR OTHERS.

It is understood that the Jeanette Cartwright Memorial Scholarship is gifted only if the first year of post-secondary education is completed. The Scholarship must be considered a loan and repaid if the first year is not completed unless prior approval is granted by the Board of Directors of H.O.P.E. Proof of completion of the first year of post-secondary education can be provided with a copy of that year's college transcript which can be mailed to:

**H.O.P.E.
16580 Green Valley Court
Stewartstown, PA 17363**

Applicant's signature: _____ **Date:** _____

Parent or Guardian's Signature: _____ **Date:** _____

