

# Raising HOPE Community Scholarship Application

For Academic Year 2023-2024

## 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 \_\_\_\_\_

## Financial Information

*(Please review your current financial assistance package with your school to ensure it will not be jeopardized by this scholarship)*

Tuition for 1 year or cost of vocational/professional course: \$ \_\_\_\_\_

School/Governmental financial assistance confirmed: \$ \_\_\_\_\_

Total Household annual income: \$ \_\_\_\_\_ Total # of dependents: \_\_\_\_\_

*(If you and/or spouse/partner work)*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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## Required Essay

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

## Employment/Volunteer Information

**Work Experience** (*you may enclose a current resume or complete the chart below*)

Company/Position Held	Full time/Part time	From	To	Hours/Week
Currently employed as:			Current	
Previous employment:				

**Community Service** (*List all your volunteer activities in your community, if applicable.*)

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

## Signature

*I certify that the information submitted on this form and enclosed 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 Community Scholarship committee only.*

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Applicant Signature and Date

*Please send application and proof of enrollment, **postmarked by April 14, 2023** to:*

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