



## 2017 Hope Scholarship Application

The Cancer Outreach Foundation Hope Scholarship will be offered on an annual basis to a college-bound student who meets the following criteria:

**To apply, you must:**

- **Fill out the application completely. If the application is incomplete, the application will not be considered.**
- Type or print in black ink.
- Must have a parent/legal guardian or sibling who has/had cancer or have/had cancer yourself.
- Be attending college in the fall of 2017.
- Attach a 300 word maximum essay explaining why this scholarship will be helpful and why you are qualified for the scholarship.
- Provide a letter of recommendation.
- Personal interview may be required.
- Attach your EFC, which is a measure of your family's financial strength.
- Submit to the Cancer Outreach Foundation office by April 18, 2017 by one of the following three ways:

**Email:** [becky@canceroutreachfoundation.com](mailto:becky@canceroutreachfoundation.com)

**Fax:** (276) 623-0014

**Mail:** P.O. Box 1263 Abingdon, VA 24212

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

High School Cumulative GPA: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

If Applicable, College Attending: \_\_\_\_\_

Anticipated College Graduation Date: \_\_\_\_\_ College GPA: \_\_\_\_\_

Planned Program of Study: \_\_\_\_\_

Please indicate extracurricular activities that you are involved in: \_\_\_\_\_

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**Family/Financial Information** (Please complete the following section as our scholarship committee considers financial need.)

Are you claimed as a dependent on your parents'/guardians' tax return? \_\_\_YES \_\_\_NO

If YES:

Are your parents/guardians helping you pay for your education? \_\_\_YES \_\_\_NO

Parents'/Guardians' Name(s) \_\_\_\_\_

Parents'/Guardians' Address if different from yours \_\_\_\_\_

Parents'/Guardians' Employer(s) \_\_\_\_\_

Total number of dependents claimed on your parents'/guardians' tax return: \_\_\_\_\_

Are you married? \_\_\_YES \_\_\_NO

Spouse's Employer \_\_\_\_\_ Weekly Wage \$ \_\_\_\_\_

Do you have dependents? \_\_\_YES \_\_\_NO # of Dependents \_\_\_\_\_

List any other scholarships/grants awarded: \_\_\_\_\_

Use this space to explain any other circumstances/responsibilities that should be considered in determining possible financial need.

\_\_\_\_\_ (Expense Amount: \$ \_\_\_\_\_)

\_\_\_\_\_ (Expense Amount: \$ \_\_\_\_\_)

\_\_\_\_\_ (Expense Amount: \$ \_\_\_\_\_)

***Attach your EFC, which is a measure of your family's financial strength. Contact your guidance counselor or a local college to fill out a free application for Federal Student Aid (FAFSA), which is used to calculate your EFC. The EFC is used to determine eligibility for other federal student aid programs.***

**Authorization**

\_\_\_ I authorize the Foundation to publicize my name, picture, and any scholarship that I receive.

\_\_\_ I authorize the Foundation to examine my educational & financial aid records for scholarship purposes.

\_\_\_ I hereby certify that all information provided is accurate.

\_\_\_ I understand that the Foundation may withdraw my award due to unmet scholarship criteria.

\_\_\_ I understand that any scholarship award that I am granted must be accessed during the year that it was awarded.

***SIGNATURES BELOW MUST BE COMPLETED TO FINALIZE APPLICATION***

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Scholarship Candidate

Signed \_\_\_\_\_ Title \_\_\_\_\_  
Recommending Official  
Telephone # \_\_\_\_\_ Date \_\_\_\_\_

Foundation Use Only

