



## COMMUNITY SCHOLARSHIP APPLICATION

Date of Application: \_\_\_\_\_

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

2. Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

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

4. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

5. Are you related to a Mountain Side Investment Group employee?      Yes      No

6. Current High School or College/University: \_\_\_\_\_ Number of years attended: \_\_\_\_\_

7. I will be attending the following school: \_\_\_\_\_

Proof of acceptance or current student enrollment from the above school is **required prior to funds being released to the college or university.**

8. I will be entering the above-mentioned school as a: (Check one)

First Year

Second Year

Third Year

Fourth Year

9. Grade Point Average (GPA): \_\_\_\_\_ (on a 4.0 scale)

Attach proof of GPA. Your most recent **official** school transcript required.

10. Parent/Guardian Name: \_\_\_\_\_

Parent/ Guardian Email: \_\_\_\_\_

12. Name and city of other high schools attended: \_\_\_\_\_ Number of years attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List the name of any college/university you have attended: \_\_\_\_\_ Year Began: \_\_\_\_\_ Year Ended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What is your intended specialty/major as you continue your education?  
\_\_\_\_\_

15. List expenses you expect to incur per semester or quarter: (approximate figures are acceptable)

A. Tuition Amount: \$ \_\_\_\_\_

B. Books Amount: \$ \_\_\_\_\_

C. Room & Board Amount: \$ \_\_\_\_\_

D. List other expenses Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. List other financial assistance you will receive per semester or quarter:  
(other assistance will not affect your scholarship eligibility.)

- A. Personal Amount: \$ \_\_\_\_\_
  
- B. Other Scholarships Amount: \$ \_\_\_\_\_
  
- C. Grants Amount: \$ \_\_\_\_\_
  
- D. Student Loan(s) Amount: \$ \_\_\_\_\_
  
- E. Other Financial Resources Amount: \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. List your academic honors, awards and membership activities while in high school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. List your community service activities, hobbies, outside interests, and extracurricular activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. **Personal Essay** (add as separate attachment)

Please answer the following questions:

- **What are your educational and professional goals and objectives?**
- **How has attending college impacted your life?** (*if a current college student*)

20. A. The following items must be attached to this application for the application to be reviewed:

- **Completed application.** All questions are answered completely.
- **Letter to Hope Board of Directors.** Not exceeding one (1) page. Must be typed.
- **Two (2) Letters of Recommendation.**
- **Proof of college acceptance or current student enrollment.** A copy of your college acceptance letter is required for receipt of funds.
- **Most recent official high school transcript.** Photocopies of your transcript are **acceptable**, if transcript is signed by a guidance counselor or principal.
- **Personal Essay.** Must be at least 2 pages, but no more than 4 pages, typed, double-spaced, and 12-point font. Please proofread your essay to avoid grammatical errors.
- **Community service hours.** Must be documented in the form of a letter on official letterhead from the agency the applicant completed their community service hours.

***PLEASE NOTE: We will contact you to set up an interview.***

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Hope-2-Others Foundation scholarship program.

I hereby understand that if chosen as a scholarship recipient, I must provide evidence of enrollment/registration at the institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_

Date: \_\_\_\_\_

