



## COMMUNITY SCHOLARSHIP PROGRAM MID-TERM FORM - FALL

Please complete this mid-term form at the completion of your fall semester, but no later than December 31. We want to support you in your higher education journey and love to hear your stories.

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Year scholarship was first awarded: \_\_\_\_\_

Student ID number: \_\_\_\_\_

Your grade point average for the semester: \_\_\_\_\_

Please provide us with a brief synopsis of your semester’s experience (no more than 350 words):

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Do you think you will be attending the upcoming summer session?	Yes	No
If yes, do you think you will need financial assistance?	Yes	No

If you will need financial assistance for summer school, please notify the Foundation staff no later than March 1.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As always, please reach out to us if you have questions or need support. We are here to help you. Please email your completed form to: [contact@hope-2-others.org](mailto:contact@hope-2-others.org).