

**The Hope Fund for Children**  
**Scholarship Program Application**

Purpose and Goal – To provide financial assistance to students who attended the Hope Fund After School Program and in need of paying tuition costs for post-secondary academic or technical education or training.

**Applicant Name:**

\_\_\_\_\_

**Applicant Age:** \_\_\_\_\_

**Year(s) in attendance in Hope Fund After School Program:**

\_\_\_\_\_

**Applicant Contact Information:**

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

**Phone:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_

**Academic/Technical Institution:**

\_\_\_\_\_

**Academic/Technical School Major/Goal:**

\_\_\_\_\_

**Current Post-Secondary GPA (if applicable):** \_\_\_\_\_

Please list details regarding any grants, scholarships and aid received:

\_\_\_\_\_