HopeWorks Scholarship

Provides two, $1,500 scholarships to Monongalia County, West Virginia high school graduates who are regularly enrolled as undergraduate students in a college or university. The recipients shall have demonstrated (a) need for financial assistance due to loss of parental support from death, divorce or loss of family income due to special circumstances, (b) excellence, commitment and leadership through involvement in school and community organizations, and (c) high academic promise.

Pages 3 – 9 must be detached and sent along with your official transcripts and IRS 1040 Form for this application packet to be considered complete.
Application Checklist
Official Timeline

Academic Year 2011-2012
Application Deadline: March 1, 2012

CHECKLIST

☐ Application Guidelines – Carefully read this page to ensure your application form and other forms are complete and accurate.

☐ Activities Form – Do not attach a resume or additional pages; use only the page included in this booklet.

☐ Financial Form – Complete and mail form with all other application materials. Make sure to include a copy of your most recent IRS Form 1040 and your parents’ if you are dependent.

☐ Letter of Recommendation – Ask evaluator to complete form and return to you in a sealed envelope with evaluator’s signature across seal. Include the recommendation with all other application materials. Remember, parents, immediate family members or school counselors are NOT eligible to write the letter of recommendation.

☐ Grade Certification Form – Have appropriate school official complete form and return it with other application materials.

☐ Official Transcripts – Request transcripts that include grades from the most recently complete semester and send along with other application materials.

☐ Personal Essay – This form must be typed.

OFFICIAL TIMELINE

March 1, 2012:
Completed application packets must be received or postmarked by Your Community Foundation by 5:00 p.m.

April 2012:
Selection committees meet and select recipients.

June, 2012:
Applicants are notified about committees’ decisions.

August 1, 2012:
Checks are sent to the Financial Aid Office and will be payable to the recipient and college.
Before completing this application, read the instructions. Complete all items below. If you are unable to provide the information requested, state the reason in the space provided or attach a letter of explanation. The applicant assumes responsibility for ensuring that all requested information is sent as a complete packet and is received by Your Community Foundation no later than 5:00 p.m. on March 1, 2012. Faxes will not be accepted. The Foundation assumes no responsibility for procuring the information. The completed application should be sent to: Your Community Foundation, PO Box 409, Morgantown, WV 26507. Should you have any questions, please call us at 304-296-3433.

Application Form

Academic Year 2011-2012

Application Deadline: March 1, 2012

Name: ________________________________________________________________________________________________

Last     First     Middle

Permanent Address: ______________________________________________________________________________________
Street or PO Box     City     State     Zip Code

Are you a West Virginia resident?  □ Yes  □ No  What county do you live in? ________________________________

Social Security Number: _______/______/______  Date of Birth: _____/_____/_____

Home Telephone Number: (_____) ______-______  Work Telephone Number: (_____) ______-______

Email: ____________________________________________________________

Name of school in which you plan to enroll or are currently enrolled:
____________________________________________________________________________________________________

Name of college/school     City/State     Dates Attended     GPA

Have you been accepted?  □ Yes  □ No  What is your intended major field of study? ________________________________

What class will you enter in the fall of 2008?  □ Freshman  □ Sophomore  □ Junior  □ Senior  □ Other

Name of high school where currently enrolled: _____________________________________  Cum GPA ______________________

Name of high school guidance counselor: ____________________________  High School Phone number: (_____) ______-______
If diploma attained via GED, indicate City/State and date obtained: ________________________________________________

I have read the “Application Guidelines” page and understand submission procedures and deadline requirements.

□ Yes ___________________________________________  Today’s Date _____/_____/_____

Signature (Do not print)

□ No ___________________________________________  Today’s Date _____/_____/_____

_________________________________________________________________________

Signature (Do not print)
You are a dependent student if you are under 24 years of age and the following does not apply: (1) a ward of the court; (2) married and living away from your parents; (3) have not been claimed by your parents for two consecutive years and have earned at least $4,000 in each of those two years; (4) served in the military.

☐ I am dependant or ☐ I am independent because of one of the four items listed above

Financial
Form

Academic Year 2011-2012
Application Deadline: March 1, 2012

Note: Please submit financial information from the previous calendar year. If dependent, attach your parents’ and your most current IRS Form 1040 or 1040A. If independent, please attach your own IRS 1040.

☐ Check here if you did not file income tax.

Assets:

1. Parents’ cash and savings: __________________________________________

2. Student’s cash and savings: __________________________________________

3. Complete the following if your parents own their home:
   
   Appraised value of home __________________________________________
   
   Amount owed on home __________________________________________
   
   Monthly mortgage payment __________________________________________

4. Net value of other assets: __________________________________________
   (Stocks, bonds, mutual funds, investments, rental property)

Liabilities:

1. Annual income tax: __________________________________________

2. In the space below, list all the people in your household (including your parents, siblings, and other household members). For children in the household, include each child’s age, grade in school, and school that the child is attending.
   
   __________________________________________
   
   __________________________________________
   
   __________________________________________

3. Parents’ marital status:
   
   _____ Single _____ Separated _____ Divorced _____ Widowed _____ Married
Expenses:

Estimated total expenses for the coming year: (Please refer to the cost of attendance budget at your first choice school. The information should be available in the institution’s publications or from the financial aid office.)

A. Tuition and fees: ____________________________________
B. Room and board: ____________________________________
C. Books: ____________________________________________
D. Personal/Other Expenses: _____________________________
E. Total Expenses: ____________________________________

Income:

Total income available for coming year: List as many items as you can estimate at this time. If you have received a financial aid notice from your first choice school, you should refer to that.

A. Income from outside job: ____________________________________
B. Income from campus job: ____________________________________
C. G.I. or Social Security benefits: _____________________________
D. Child Support: _________________________________________
E. Alimony: _____________________________________________
F. Student’s Savings: _____________________________________
G. Parents’ Contribution: _________________________________
H. Scholarships: _________________________________________
I. Loans: ______________________________________________
J. Gifts: ________________________________________________
K. Grants: ______________________________________________
L. Other Income: _________________________________________
M. Total Income: ________________________________________

Comments:

On a separate sheet of paper, briefly explain the nature of the parental loss (death, divorce, unknown) that might affect your financial need.
Grade Certification Form

This section is to be completed by an advisor/counselor. GPA information must use a scale of 4.0. Only transcripts with the fall semester information will be accepted and those must be included with the application.

Student’s Name: ____________________________

School Name: _______________________________

At the close of the most recent semester, the applicant ranked _____ in a class of _____.

At the close of the most recent semester, the applicant’s cumulative GPA was _____ on a scale of 4.0.

**SAT Scores:**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
</tr>
<tr>
<td>Combine</td>
<td></td>
</tr>
</tbody>
</table>

**ACT Scores:**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
</tr>
<tr>
<td>Science Reasoning</td>
<td></td>
</tr>
<tr>
<td>Composite</td>
<td></td>
</tr>
</tbody>
</table>

**Person completing this form:** ____________________________ Title: ____________________________

(Please Print)

Signature: ____________________________ Date: _____/_____/_______

AN OFFICIAL TRANSCRIPT INCLUDING MOST RECENTLY COMPLETED SEMESTER (FALL OF PREVIOUS YEAR) MUST ACCOMPANY THIS APPLICATION.

DO NOT SEND THIS INFORMATION SEPARATELY!!
Please use the space on this page to let us know something about you that we might not learn from the rest of your application. **We ask that your essay be typed and you limit your response to the space provided below.**

I declare that this essay is my own work, and that all the information in my application is, to the best of my knowledge, correct.

______________________________  ________________
Applicant’s Signature            Date
To Evaluator: The above named applicant is applying for a scholarship with Your Community Foundation, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form to the student in a sealed envelope with your signature across the seal. In the space provided below, please make a statement describing the applicant’s character, school, and community leadership abilities, potential to succeed, and evidence of the student’s strengths and weaknesses, not to exceed one page in length. If you are using your letterhead be sure to include your relationship to the applicant and the length of time you have been acquainted.

I am writing this evaluation on the behalf of __________________________________________

Evaluator’s Name: ______________________________ Telephone Number (____) ______ - ______

Address: ________________________________________________________ __________________________________________

(Street or PO Box) City State Zip Code

Relationship to applicant: __________________ How long have you known applicant? __________

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.
Activities

Form

Use only the space provided below, please list all extracurricular, community, and personal activities in which you have participated during the past three years as well as activities you are planning for the current year. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc.