



HOPE SCHOLARSHIP APPLICATION

DEADLINE: *August 31*

Welcome to the 1891 Financial Life Hope Sponsor Scholarship application!

The Hope Scholarship is funded by members and their beneficiaries through the Hope Sponsor Fund, supporting Catholic grant and scholarship opportunities to support the educational dreams of our members. We are excited to be part of your journey and look forward to helping you achieve your educational goals.

An applicant for a scholarship must be a beneficial member of 1891 Financial Life one full year by the application deadline. Certificates must be in force and active. Student may apply one time for this scholarship.

This Hope Scholarship is funded by: ***Dolores "Dolly" Roberts' family member Nancy Mack***

Member's Information

First Name: _____ Middle Name: _____ Last Name: _____

Current Home Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Phone No: _____ Alternate Phone No: _____

DOB (MM/DD/YYYY): _____ Age: _____ Email: _____

Date of High School Graduation / GED: _____

Court/Impact Team Information Court/Impact Team Name and No: _____

Certificate Effective Date: _____ Certificate No: _____

School You Plan To Attend / Are Attending - Name of Accredited College, University or Trade School

Name of School: _____

Address: _____

City: _____ State: _____ ZIP: _____

Planned Field of Study: _____ GPA: _____ Graduation Month / Year: _____

Year Entering: Freshman Sophomore Junior Senior OR: Master's

Please have your current school send an official transcript.

ESSAY: State in 250 words or less. Essay must be double-spaced and typed. Attach essay on a separate sheet of paper. List your activities: Include school activities, community involvement, volunteerism, academic honors, Court/Impact Team participation, and employment history. Explain why you wish to pursue your chosen field of study and how it will help you make a difference in others' lives?

PLEASE CHECK THE SCHOLARSHIP YOU ARE APPLYING FOR. The hope scholarship is awarded 1x.

COLLEGE SCHOLARSHIP
\$1,000 to a student completing an undergraduate degree.

MASTER'S SCHOLARSHIP
\$1,000 to a student pursuing a graduate-level Master's degree.

Please include: most recent high school or college transcript, essay, one completed reference form.

STUDENT'S SIGNATURE

DATE



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Reference Form

Completed by a School Professor/Advisor or Professional Reference (Return to Student)

PLEASE PRINT OR TYPE

Applicant's Full Name: _____

General Recommendation and Evaluation

1) Please type and attach your thoughts on the student's strengths and weaknesses in character, cooperation in working within a group, and leadership; include how you think they will make a difference in people's lives.

2) Please rate applicant.

	Superior	Above Average	Average	Below Average	NA
a) Quality of work (accuracy, neatness):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Work habits (dependability, progress):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Proficiency (skill, initiative, adaptability):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) High standard of conduct, good reputation, dependable, loyal, punctual, positive attitude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Ability to assume responsibility and accept leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) CHOOSE ALL THAT APPLY					
Service to school:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to church:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to community:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to 1891 Financial Life:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFERENCE'S NAME AND JOB TITLE _____

SIGNATURE _____

TIME ACQUAINTED WITH STUDENT _____

DATE _____

This information will be treated in a confidential and professional manner and will be viewed only by an independent judging committee. This report should be signed by the person making this evaluation.

1891 FINANCIAL LIFE RESERVES THE RIGHT TO CHANGE OR DISCONTINUE THESE PROGRAMS AT ANY TIME.