

Heart of Hope Scholarship Applicant Information Form

Applicant Information

Name: _____ Male Female

Address:

Home Phone #: _____ Mobil Phone: _____

Email:

GPA (9th-12th Grade): _____ (unweighted) (Please attach your transcript copy)

Indicate your plans for the continuation of your education after graduation from High School:

School/College name:

Admitted Waitlisted Admit Status Unknown

Degree/Professional Objective:

4-year 2-year Military Trade/Tech

I certify that the information contained in this application is true and correct. I give permission for my name to be used for publicity in connection with the scholarship awarded.

Signature of applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Print/Type Parent's/Guardian's Name _____