



### **The Hope Fund Educational Scholarship**

The Hope Fund Educational Scholarship Fund for Siblings of Cancer Patients provides financial support to patient siblings pursuing post-secondary education or training, and who are or have participated in Special Love's **BR**others **And** **S**isters (BRASS) programming. Each year, the fund makes grants based on available resources aimed at applicants who have demonstrated a financial need, academic potential and involvement with Special Love programming.

The Hope Fund Educational Scholarship was established in 2021 by Jodi DeOms McKay and Bryan DeOms, in loving memory of their parents Gary and Dianne DeOms. Both Gary and Diane (Mama D) were active and engaged supporters of Special Love programming. They took a particular interest in the brothers and sisters of children with cancer and their families. This scholarship program is designed to develop new talent in the fields of their personal professional experience.

Scholarship awards are specifically for siblings of cancer patients at the collegiate level of undergraduate junior or above (to include graduate programs) whose degree interest is agriculture, science/medicine and/or non-profit management.

Awards are intended for to cover the student's tuition and school fees only.

### **General Guidelines**

Eligibility for a grant is restricted solely to applicants who are, or have been, participants of at least one BRASS camp-based program sponsored by Special Love, Inc., and are 18 to 30 years of age.

Scholarships are awarded based on the applications the Review Committee determines meets the following criteria:

- Academic Performance and Potential
- Financial Need
- Personal Need, and;
- ***The completeness of the application process.***

Awarded scholarships will be sent directly to the post-secondary institution or training facility in which the student enrolls in two equal installments in July and December (unless otherwise requested by recipient).

\*\*Students not enrolled during the current academic year are not permitted to carryover funding for subsequent semesters.

**The completed application must be submitted, in its entirety, no later than Friday, April 15, 2021 to be considered.**



**Section A – Student Applicant**

Please complete this section in its entirety. ***Incomplete applications will not be considered.***  
(Please type or print)

**Student Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security # (SSN): \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Non-Binary \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Brief Description of Your Sibling with Cancer Current Health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**College/University/Trade School Information:**

Summarize how this scholarship would help to finance your education at the following post-secondary educational institution -

Name and address of school:

*(If you have not yet chosen a school, list any that you have applied to. Be aware an award **will not** be provided until a school has been selected, and accepted)*

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Student ID # (if different from SSN): \_\_\_\_\_

Degree and/or Area of Study:

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Have you applied to the above? Yes \_\_\_ No \_\_\_      Have you been accepted? Yes \_\_\_ No \_\_\_

Is this a graduate level program? Yes \_\_\_ No \_\_\_

When is tuition due at the institution?

Fall Semester Due Date \_\_\_\_\_      Spring Semester Due Date \_\_\_\_\_

School cost per credit hour, if available:      \$ \_\_\_\_\_

Avg. Hours You Plan to take per semester: \_\_\_\_\_

Are you financially independent and responsible for your own cost of living? Yes \_\_\_ No \_\_\_

If you answered this question yes, please complete Section B.

Do you live with your parent(s)/guardian(s) when not at school? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered this question yes, your parents/guardians should complete Section B

**Section B – Financial Support:**

***Incomplete info in Section B will adversely affect applicants score.***

***Applicants who live independently and will cover their own educational expenses should fill out this section in its entirety.***

Annual Income: \$ \_\_\_\_\_

List sources and amounts of income:

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Average monthly expenses:

Rent: \_\_\_\_\_

Utilities: \_\_\_\_\_

Car Payment: \_\_\_\_\_

Insurance: \_\_\_\_\_

Food: \_\_\_\_\_

Incidentals: \_\_\_\_\_

List all scholarships and/or financial aid applied for, noting if they have been approved, or not.

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**Applicants whose parents provide their primary source of financial support must have a parent/guardian complete this section.**

Annual Gross Household Income: \$ \_\_\_\_\_

Do you own your own home?      Yes \_\_\_\_\_      No \_\_\_\_\_

If **YES**, what is the value of your home's equity? (Market value minus mortgage balance)  
\$ \_\_\_\_\_

List all outstanding debts over \$500:

Will applicant contribute to his/her post-secondary expenses?      Yes \_\_\_\_\_      No \_\_\_\_\_

If **YES**, in what way?

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Describe any specific information influencing your family's financial need in meeting the applicant's post-secondary educational costs (i.e. medical bills, loss of job, family illness, other siblings in college, etc.):

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**Section C – School GPA/SAT/ACT**

***Please fill out this section and attach a transcript signed by a school official.***

Grade Point Average (unweighted, based on a 4.0 scale): \_\_\_\_\_

Applicant's Highest SAT/ACT Scores: \_\_\_\_\_

Transcript Attached: Yes \_\_\_\_ No \_\_\_\_

If no, will transcript be sent by the school directly? Yes \_\_\_\_ No \_\_\_\_

**Section D – Involvement with Special Love**

Applicant, please attach a one-page statement describing why you feel you should be considered for this scholarship, including your association with Special Love through its BRASS and family camps and activities. You may also attach additional letters of reference.

***\*\*Applications without a written statement will not be considered\*\****

Please indicate which Special Love programs you have participated in and years participated.

\_\_\_\_\_ BRASS Camp                      Years: \_\_\_\_\_

\_\_\_\_\_ BRASS Weekend                      Years: \_\_\_\_\_

\_\_\_\_\_ OctoberFest Weekend Years: \_\_\_\_\_

\_\_\_\_\_ Ski Family Weekend                      Years: \_\_\_\_\_

\_\_\_\_\_ Summer Family Day                      Years: \_\_\_\_\_



I hereby certify all the information provided in this application is true to the best of my knowledge.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_