



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, 2022 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:

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)*

Student ID # (if different from SSN): _____

Degree and/or Area of Study:

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:

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.

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?

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.):

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: _____