



The Hope Fund Educational Scholarship

The Hope Fund Educational Scholarship Fund for Siblings of Cancer Patients, provides educational scholarships to patient siblings pursuing post-secondary education or training and who are or have participated in Special Love's *BRothers And Sisters (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.

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 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 25 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 14, 2023, 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 Siblings 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 Consistent with Guidelines:

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 possible: \$_____

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 themselves in its entirety.*

Annual Income: \$ _____

List sources 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.

For applicants who live at home, parents/guardians should fill out his section in its entirety.

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.):



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Section C – School GPA

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

Grade Point Average (unweighted, based on a 4.0 scale) _____

Transcript Attached: Yes ___ No _____

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

**School info/transcripts must be most recent college/post sec. class completed.*



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 what 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: _____

_____ Virtual Programs 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: _____