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 BRobthers And Ssisters (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: __________________________