



## Jeanette Cartwright Memorial Scholarship - 2024 Student Application

Please use the following checklist as a guide to the requirements for completing your application, to provide financial assistance to individuals enrolled at an academic, vocational or technical school or post-secondary studies. Application must be post-dated by **March 15, 2024**. Please mail your completed application to:

H.O.P.E.  
P.O. Box 279  
Stewartstown, PA 17363

Refer to application process below for instructions to submit your scholarship application and a list of the supporting documents needed. Please read and re-read the below requirements. Many applicants do NOT follow the requirements and are immediately disqualified, please be aware of the requirements. **Incomplete applications will not be considered.**

- ☐ **Complete Paper Application** (*Make sure pages 2,3 & 4 are attached when submitting.*)  
**NOTE:** (1) EVERY page should be single sided.  
(2) Do NOT staple pages together.  
(3) Please use large 9 x 12 envelope to mail.  
(4) Please make sure your name is on every page where indicated (at the top).

- ☐ **Requirements of Eligibility:** 1. Must be current High School Senior  
2. Has an immediate family member diagnosed with cancer or one who has recently lost an immediate family member to cancer.

**NOTE: Immediate Family Member: Relative-Mom, Dad, Grandparents, Siblings who lives or lived in the same home with you. OR student.**

- ☐ **Submit a brief narrative summarizing the following ideas:**
  - What you aspire to do when you complete your education
  - Why you are applying for this scholarship
  - How the cancer diagnosis has impacted your life
  - Any significant facts about you or your family's story

- ☐ **3 Letters of Recommendation**
- ☐ **Copy of High School Transcript**

# Jeanette Cartwright Memorial Scholarship

## Student Application (page 2 of 4)

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State ZIP

Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

### Family Information

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Parents are: ☐ Unmarried ☐ Married ☐ Separated ☐ Divorced

☐ Father Disabled ☐ Father Deceased

☐ Mother Disabled ☐ Mother Deceased

Father's Occupation: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Siblings in Household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Immediate Family Member Diagnosed with Cancer:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Does/Did this family member reside in your home? ☐ Yes ☐ No

# Jeanette Cartwright Memorial Scholarship

Student Application Continued (page 3 of 4)

**Student's Name:** \_\_\_\_\_

## High School Education & Activities

Name of High School: \_\_\_\_\_

Extracurricular Activities and Honors:

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Favorite Subjects:

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## College Planning

What college or post-secondary school do you plan to attend?

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What is the status of your application? ☐ Accepted ☐ In Process

Anticipated Expenses: Tuition & Fees: \$ \_\_\_\_\_

Room & Board: \$ \_\_\_\_\_

Other Expenses: \$ \_\_\_\_\_

# Jeanette Cartwright Memorial Scholarship

Student Application Continued (page 4 of 4)

**Student's Name:** \_\_\_\_\_

## Student's Contribution to Education

Do you have a part-time job? ☐ Yes . . . Name of Employer: \_\_\_\_\_

☐ No . . . Do you plan to work this summer? ☐ Yes ☐ No

Other sources of financial aid you have applied and received:

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It is understood that the Jeanette Cartwright Memorial Scholarship is gifted only if the first year of post-secondary education is completed. The scholarship must be considered a loan and repaid if the first year is not completed, unless prior approval is granted by H.O.P.E.'s Board of Directors. Proof of completion of the first year of post-secondary education can be provided with a copy of that year's college transcript. Please mail transcript to:

H.O.P.E.

P.O. Box 279

Stewartstown, PA 17363

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_