

Applicant Name _____

Eligibility Criteria and Application Procedure

- High school graduate or GED recipient matriculating at a college, university or business, trade or vocational school within 12 months of receiving his/her diploma
OR
- Two-year college graduate or transferee immediately matriculating at a four - year college or university
- Grade point average of **2.5** or higher
- Resident of the state of New Jersey (Applicants attending a two-year college outside of New Jersey, but whose **legal** residence remains in New Jersey, are deemed to be residents for the purpose of this application)
- Member of any of the minority groups identified in Section 1 of the application

Applicants must submit documents as outlined -

- First time applicants must complete **all** sections of the application and submit all documents listed
- Returning applicants (**those who have previously received a Hope Chest scholarship award**) must complete **only sections 1,2,4,6 and 7 of the application**, submit an essay, an official transcript reflecting the latest semester's grades with the cumulative score, a current FAFSA summary report and the financial aid award letter for the coming academic year

Applicant Documentation Checklist

| | Completed |
|--|--------------------------|
| The Hope Chest Scholarship Application Form (The application form must be completed in its entirety.) Incomplete applications will not be considered. Fill in all blanks and use "not applicable" or "N/A" where appropriate.) | <input type="checkbox"/> |
| Essay (The essay can be typed or computer printed. Font size 12) | <input type="checkbox"/> |
| Official Transcript (The transcript must be delivered in a sealed envelope from the appropriate official of your high school or two-year college. GED recipients must provide an official transcript containing a raised seal and original signature of the certifying authority.) | <input type="checkbox"/> |
| Letter of Acceptance (Must be from an accredited college, university, or business, trade, or vocational school.) (Applicants may apply prior to receiving an official letter of acceptance. No awards, however, will be paid until the Selection Committee receives an acceptance letter.) | <input type="checkbox"/> |
| Letter of Recommendation (2 are required) NEW APPLICANTS ONLY (The letter may be written by a counselor, teacher, or community leader.) (The letter must be written on the organization's letterhead and carry the <u>original signature of the person writing the recommendation</u> . The letter must be addressed to The Hope Chest Scholarship Foundation.) | <input type="checkbox"/> |
| Financial Aid Award Letter (Applicants must provide a copy of the award letter indicating all financial aid that will be provided by the school.) | <input type="checkbox"/> |
| FAFSA (Free Application for Federal Student Aid) Summary Report (Applicants must provide a copy of the summary report . The application form will not suffice.) | <input type="checkbox"/> |

and –

- Make themselves available for an interview by the selection committee, if requested
- Attend the LTD Program™

PLEASE THOROUGHLY READ AND FULLY ANSWER EACH SECTION OF THE APPLICATION

NOTE: Although applications may be submitted via fax, original documents where required, must be mailed to the address below. Documents should be mailed to the address set forth below or faxed to 1- 800-410-4403. Applications must be received or postmarked by March 31, 2012.

The Hope Chest Scholarship Foundation
PO Box 1688
Morristown, NJ 07962-1688

Applicant Name _____

HOPE CHEST SCHOLARSHIP FOUNDATION APPLICATION

DEADLINE: March 31, 2012

New Applicant

Returning Applicant

MISSION: The Hope Chest Scholarship Foundation provides financial assistance and leadership training and development to minority, New Jersey students attending a college, university, or trade school. Scholarship awards are based on demonstrated financial need.

SECTION 1: Student Information

| | | |
|---|--------------------|------|
| Last Name: | First Name: | MI: |
| Address: | | |
| City: | State: | Zip: |
| Telephone Number: | Social Security #: | |
| Cell Number: | Email address: | |
| Racial/ethnic classification (Please check each category that applies): | | |
| <input type="checkbox"/> American Indian or Alaska Native | | |
| <input type="checkbox"/> Asian | | |
| <input type="checkbox"/> Black or African American | | |
| <input type="checkbox"/> Hispanic or Latino | | |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | |

SECTION 2: Family Information

| | | |
|--|-----------------------|--------------------|
| Mother's Name: | Father's Name: | Guardian's Name: |
| Mother's Income: | Father's Income: | Guardian's Income: |
| Number of people in household (include self): | Adults: | Children: |
| Number of siblings attending college (do not include yourself): | Parent Email address: | |
| Explain any special family circumstances (something which you believe we should consider in making our determination): | | |

SECTION 3: Scholastic Information

| | | |
|---|-------------------------|------------|
| GPA: | Class Rank: | SAT Score: |
| Guidance Counselor: | Telephone Number: | |
| High School: | Date of Graduation/GED: | |
| Address: | | |
| City: | State: | Zip: |
| Indicate any high school awards received: | | |

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| | | |
|---|--|-------|
| (B) Total Financial Support (total must be indicated) | | \$ |
| REMAINING FUNDS REQUIRED (Subtract Total B from Total A) | | \$ |
| I have reviewed and intend to fully comply with the requirements and procedures of the Hope Chest Scholarship Foundation application process and I certify that all information submitted on my behalf is true, accurate, and complete to the best of my knowledge. | | |
| Applicant's Signature: | | Date: |
| Parent's (Guardian's) Signature: | | Date: |

ADDITIONAL INFORMATION:

List scholarships received to date (who it is from and the amount). **Indicate whether it is a one time or repeating award.**

List all scholarships and grants for which you have applied or intend to apply (include anticipated award amounts if known). **Do not duplicate the names of awards already received.**

Submission of a scholarship application is not a guarantee of receipt of a scholarship award from The Hope Chest Scholarship Foundation. No scholarship disbursement will be made on behalf of a scholarship awardee, unless the applicant completes all three sessions of this year's LTD Program™. The 2012 LTD Program™ is scheduled for June 9, 16, and 23, 9:00 a.m.-4:00 p.m., at the County College of Morris, in Morristown, NJ.

DISCLAIMER: All personal information will be held in the strictest confidence. It is the goal of the Hope Chest Scholarship Foundation Board of Directors to assist deserving minority students to pursue a post-secondary education. Each applicant will be afforded a fair and equitable opportunity to obtain a scholarship. In this vein, each applicant must follow the procedures and guidelines exactly as outlined. Failure to do so will result in immediate disqualification of the application. Applicants so affected will be promptly notified in writing. The award payment procedure is standardized and must be followed completely by each award recipient to receive the award. It is the student's responsibility to work with the university to determine how the scholarship award will be applied to their financial aid package. Awards are paid directly to the university. Please note that while it is the desire of the members of Hope Chest Scholarship Foundation Board of Directors to assist the recipient in having a successful college experience, members of the board cannot contact any college or university directly on behalf of any award recipient. Further, we are unable to modify the award procedure.