



2024 Hope Scholarship Application

The Cancer Outreach Foundation Hope Scholarship will be offered on an annual basis to a college-bound student who meets the following criteria:

To apply, you must:

- **Fill out the application completely. If the application is incomplete, the application will not be considered.**
- Type or print in black ink.
- Must have a parent/legal guardian or sibling who has/had cancer or have/had cancer yourself.
- Be attending college in the fall of 2024.
- Attach a 300 word maximum essay explaining why this scholarship will be helpful and why you are qualified for the scholarship.
- Provide a letter of recommendation.
- Personal interview may be required.
- Attach your EFC, which is a measure of your family's financial strength.
- Submit to the Cancer Outreach Foundation office by March 22, 2024, by one of the following three ways:
Email: becky@canceroutreachfoundation.com
Fax: (276) 623-0014
Mail: P.O. Box 1263 Abingdon, VA 24212

Personal Information

Name: _____ Date of Birth: ____/____/____

Gender: _____ Male _____ Female _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email: _____

High School Cumulative GPA: _____ Graduation Date: _____

If Applicable, College Attending: _____

Anticipated College Graduation Date: _____ College GPA: _____

Planned Program of Study: _____

Please indicate extracurricular activities that you are involved in: _____

Family/Financial Information (Please complete the following section as our scholarship committee considers financial need.)

Are you claimed as a dependent on your parents'/guardians' tax return? YES NO
If YES:

Are your parents/guardians helping you pay for your education? YES NO

Parents'/Guardians' Name(s) _____

Parents'/Guardians' Address if different from yours _____

Parents'/Guardians' Employer(s) _____

Total number of dependents claimed on your parents'/guardians' tax return: _____

Are you married? YES NO

Spouse's Employer _____ Weekly Wage \$ _____

Do you have dependents? YES NO # of Dependents _____

List any other scholarships/grants awarded: _____

Use this space to explain any other circumstances/responsibilities that should be considered in determining possible financial need.

(Expense Amount: \$ _____)

(Expense Amount: \$ _____)

(Expense Amount: \$ _____)

Attach your EFC, which is a measure of your family's financial strength. Contact your guidance counselor or a local college to fill out a free application for Federal Student Aid (FAFSA), which is used to calculate your EFC. The EFC is used to determine eligibility for other federal student aid programs.

Authorization

I authorize the Foundation to publicize my name, picture, and any scholarship that I receive.

I authorize the Foundation to examine my educational & financial aid records for scholarship purposes.

I hereby certify that all information provided is accurate.

I understand that the Foundation may withdraw my award due to unmet scholarship criteria.

I understand that any scholarship award that I am granted must be accessed during the year that it was awarded.

SIGNATURES BELOW MUST BE COMPLETED TO FINALIZE APPLICATION

Signed _____ Date _____
Scholarship Candidate

Signed _____ Title _____
Recommending Official
Telephone # _____ Date _____

Foundation Use Only