

**Hope Community/Education Endowment Association, Inc.
Scholarship Application Check Sheet**

INSTRUCTIONS: All applications must be typed. All areas of the application must be completed for the applicant to be considered. Please check the appropriate blank after you have completed that particular area of your application. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR AWARDS.

Name _____
Address _____
Social Security Number _____
Number of Siblings _____
Father's Name, Address and Occupation _____
Mother's Name, Address and Occupation _____
Schools Attended _____
Educational Plans _____
Honors and Awards _____
Extra Curricular Activities, Community Involvement, Work Experience _____
Financial Need _____
Transcript(s) _____
Two Letter of Recommendation _____
Photograph _____ (Please enclose a photograph of yourself for newspaper release. The photo may not be returned.)

**THIS SHEET MUST BE ATTACHED TO THE FRONT OF YOUR
SCHOLARSHIP APPLICATION!!!**

DUE DATE: April 1

**SUBMIT SCHOLARSHIP APPLICATION TO: Hope School Counselor or First
National Bank of Hope, P.O. Box 67, Hope, KS 67451**

This section for School Counselor/Review Committee only!

Date Application Received: _____