



January 10, 2019

Littlestown Senior High School
200 E. Myrtle St.
Littlestown PA 17340

Dear Counselors,

It is our pleasure to enclose H.O.P.E.'s Jeanette Cartwright Memorial Scholarship Application for this academic school year. This scholarship, named in honor of H.O.P.E.'s co-founder, seeks to award scholarships to high school seniors pursuing post-secondary education who not only demonstrate exemplary academic and extracurricular talent, but continue to do so through the lingering effects of their immediate family member's cancer journey.

We would greatly appreciate your cooperation in making this information available to students who may be seeking scholarship opportunities. Please make copies as necessary or contact the H.O.P.E. office for an additional supply. Guidelines and eligibility requirements are included in the application.

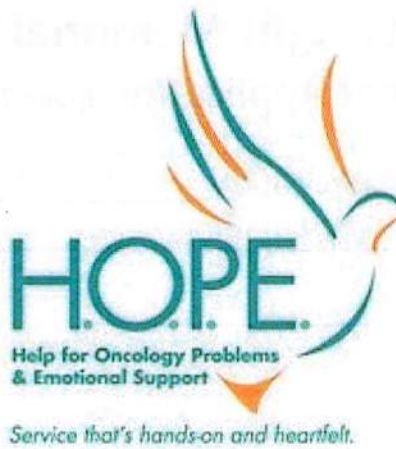
Completed applications must be received by H.O.P.E. no later than March 15, 2019.

At that time, H.O.P.E.'s scholarship committee will review all submitted applications for completion and eligibility, and will make their final selections based on those criteria. Scholarship recipients and their respective guidance office will be notified by mail. Scholarships will be awarded at H.O.P.E.'s Annual Meeting in May.

If you have any questions, please feel free to contact the H.O.P.E. office at 717-227-2824.

Sincerely,

Barb Titanish
President
H.O.P.E.



Jeanette Cartwright Memorial Scholarship Student Application

Please use the following checklist as a guide to the requirements for completing your application. Application must be post-dated by March 15, 2019. Please mail your completed application to:

H.O.P.E.
P.O. Box 175
Shrewsbury, PA 17361

- Complete Paper Application
- 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 a family member to cancer
- 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: _____

Family Member Diagnosed with Cancer:

Name: _____ Relationship to Student: _____

Does this family member reside in your home? Yes No

Jeanette Cartwright Memorial Scholarship

Student Application Continued (page 3 of 4)

High School Education & Activities

Name of High School: _____

Extracurricular Activities and Honors:

Favorite Subjects:

College Planning

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

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 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 for:

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 175
Shrewsbury, PA 17361

Applicant's Signature: _____ Date ____/____/____

Parent/Guardian's Signature: _____ Date ____/____/____