



## **HOPE'S Wing Scholarship Information 2018**

HOPE'S Wing is a non-profit providing services to cancer patients and their families in Iredell & Alexander Counties. The HOPE'S Wing Scholarship Fund is designed to support young adults who were affected by cancer through the diagnosis of a parent, sibling or through their own cancer battle. Scholarships up to \$1,000 are available to seniors at Iredell and Alexander County High Schools who meet the following qualifications:

1. Must have or have had a parent, guardian, or sibling diagnosed with cancer during the applicant's lifetime or must be a survivor of cancer.
2. Must be accepted to an accredited 2 or 4-year college or university.
3. Must show proof of good standing with a 2.5 GPA or better.
4. Must be a senior in a high school located in Iredell or Alexander County, NC (or homeschool equivalent)

***Other scholarships may be awarded at the discretion of the board of HOPE'S Wing.***

**How To Apply:** Visit [www.HOPESWing.org](http://www.HOPESWing.org) for more information or complete and mail the attached application.

### **Scholarship Selection:**

The scholarship recipient(s) will be selected by the HOPE'S Wing Board of Directors. All applications will be considered that meet the application criteria. Deadline for applications is April 1, 2018. We will make every effort to notify the scholarship recipients by June 1, 2018. Students who are offered a scholarship must accept or reject the scholarship within 10 days of receiving notification they have been offered the scholarship. Failure to do so will result in the loss of the scholarship.

Student essays, grades, and letters of recommendation will be considered when awarding scholarships. The HOPE'S Wing Scholarships show no bias toward students of any particular race, religion or gender, none of which will be considered in choosing scholarship recipients.

### **Scholarship Terms:**

- The scholarship will be paid directly to the college or university's financial aid office where the student is attending.
- The scholarship is valid for payment of \$1,000 (or other amount as determined by the board).
- Late submissions will not be accepted.
- An email will be sent to the recipient within 2 weeks of the receipt of the application. If you do not receive an email receipt, please contact [info@hopeswing.org](mailto:info@hopeswing.org)



## HOPE'S Wing Scholarship Application 2018

### Application Process:

Applicants must meet the following criteria:

1. Must have or have had a parent, guardian, or sibling diagnosed with cancer during the applicant's lifetime, or must be a survivor of cancer.
2. Must be accepted to an accredited 2 or 4-year college or university.
3. Must show proof of good standing with a 2.5 GPA or better.
4. Must be a senior in a high school located in Iredell or Alexander County, NC (or homeschool equivalent)

Student essays, grades, and letters of recommendation will be considered when awarding this scholarship.

The HOPE'S Wing Scholarships show no bias toward students of any particular race, religion or gender, none of which will be considered in choosing scholarship recipients.

### How To Apply:

Please fill out the attached application and related documents. Please make sure each page of your application packet includes your name.

Keep a copy of your submission for future reference and mail the completed application to:

**HOPE'S Wing Scholarship**  
**PO BOX 5452**  
**Statesville, NC 28687-5763**

All applicants must complete all parts of the application packet in order to be considered.

### Letter of Recommendations:

Please provide 2 letters of recommendation from a teacher, counselor, or principal.

### References:

Please provide 1 letter of reference from someone who knows you well.

### Essay:

Please complete an essay answering this question: How did your parent or sibling's cancer diagnosis affect your life or what impact did your own cancer diagnosis have? (500 Max)

**Academic Performance:**

Provide a copy of your most recent high school or college transcripts showing your overall grade point average. You do not have to submit official copies of your transcripts.

**Scholarship Selection:**

The scholarship recipient will be selected by the HOPE'S Wing Board of Directors. All applications will be considered that meet the application criteria. Scholarships must be received by April 1, 2018. We will make every effort to notify the scholarship recipients by June 1, 2018. Students who are offered a scholarship must accept or reject the scholarship within 10 days of receiving notification they have been offered the scholarship. Failure to do so will result in the loss of the scholarship.

**Scholarship Terms:**

- The scholarship will be paid directly to the college or university's financial aid office where the student is attending.
- The scholarship is valid for payment of \$1,000 or other amount as determined by the board.
- Applications are due by April 1, 2018 of the year in which the applicant will graduate. Late submissions will not be accepted.

**Checklist:**

**Application with signature**

**Transcript**

**Letters of Recommendation**

**Letters of Reference**

**Essay**

## HOPE'S Wing Scholarship Application 2018

### Student Information:

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

### Parent or Guardian Information:

Parent or Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

### Student's Educational Information:

School Currently Attending: \_\_\_\_\_ Date of Awards Day: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

College you will be attending in 2018-2019 school year:

\_\_\_\_\_

### Signature

By applying for this scholarship, student agrees to give HOPE'S Wing permission to use the student's name and essay information for promotional materials.

### Student and Parent Affirmation:

Both student and parent or guardian must read the following statement and sign as indicated.

We affirm that the information provided on this application is accurate and true to the best of our knowledge. We understand misrepresentations may constitute fraud, which may result in the loss of eligibility of this scholarship or have other legal consequences. We give permission for the HOPE'S Wing Board to review student transcripts and other personal information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date