

Part One

Scholarship Applicant Information

Academic Year: _____

Name: _____ SS# _____

College/University to be attended: _____

Permanent (non-school) mailing address:

c/o _____

Street: _____

City: _____ State: _____ ZIP _____

Phone: (_____) _____ - _____

Your school address (address where you receive mail while at school)

Street: _____

City: _____ State: _____ ZIP _____

Phone: (_____) _____ - _____ Email: _____

GPA: Cumulative _____ Last Semester _____

Honors earned – *please list*

Year of Study: Fresh Soph Jr Sr

circle correlating to the term(s) for which aid is requested

Anticipated Date of Graduation: _____ Expected Degree: _____

Current Major: _____

If you will be a **college freshman**, or if this is your first BHGH scholarship application,
Please complete the following:

SAT score: _____ ACT score: _____ Final high school GPA: _____

High school attended: _____

Home Boys Hope Girls Hope program _____

Part Two

Scholar Commitment Statement

What are your academic goals for the coming year?

What co-curricular or service activities have you been involved in?

Part Three

Direct Educational Expenses

Instructions:

Enter the amounts requested below using materials such as your tuition statement, the college/university website and student enrollment/admission information. Attach or enclose the documentation you used to complete each entry.

	1 st Semester	2 nd semester	Total
1. Tuition	_____	_____	_____
2. Room and Board	_____	_____	_____
3. Fees	_____	_____	_____
4. Books	___ 300 ___	___ 300 ___	___ 600 ___
5. Medical Insurance	_____	_____	_____
6. Any other Direct Educational Expense	_____	_____	_____
7. Total Direct Educational Expense	_____	_____	_____

Scholarships and Grants

Use the official financial aid award letter you received from your college/university to complete this section. Attach or enclose the documentation you used.

8. Scholarships	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
9. Grants			
(Pell)	_____	_____	_____
(SEOG)	_____	_____	_____
(State)	_____	_____	_____
(School)	_____	_____	_____
(Other)	_____	_____	_____
10. Other Contributions			
Parent/Family	_____	_____	_____
Trust fund	_____	_____	_____
Social Security	_____	_____	_____
Other	_____	_____	_____
11. Total	_____	_____	_____

Part Four

Calculation of Award

	1 st Semester	2 nd semester	Total
12. Direct Educational Expenses <i>Enter amount from line 7</i>	_____	_____	_____
13. Financial Aid <i>Enter amount from line 11</i>	_____	_____	_____
14. Sub-Total <i>Line 12 minus line 13</i>	_____	_____	_____
15. Student Contribution <i>25% of line 14</i>	_____	_____	_____
16. Level of Need <i>Line 14 minus line 15</i>	_____	_____	_____

Summary

17. Local Program Financial Award <i>Not to exceed 40% of line 16 or \$1000 per semester or \$2000 per year</i>	_____	_____	_____
18. National Program Financial Award <i>Not to exceed 60% of line 16 or \$1500 per semester or \$3000 per year</i>	_____	_____	_____
19. Total Boys Hope Girls Hope Award <i>Line 17 plus line 18</i>	_____	_____	_____
20. Additional Necessary Student Contribution <i>Line 16 minus line 19</i>	_____	_____	_____
21. Total Student Contribution <i>Line 15 plus line 20</i>	_____	_____	_____

Additional Student Financial Resources

22. Loans			
Perkins	_____	_____	_____
Stafford	_____	_____	_____
Federal Direct Loans			
Subsidized	_____	_____	_____
Unsubsidized	_____	_____	_____
Other	_____	_____	_____
23. Federal Work Study	_____	_____	_____
24. Other Employment	_____	_____	_____
25. Savings	_____	_____	_____
26. Total Financial Resources	_____	_____	_____

27. Please discuss the financial planning and preparation you have carried out in order to prepare for the expenses of day to day living in college. These are personal costs outside of the direct educational costs you have provided on this form. For example: travel, clothing, entertainment, phone and other expenses.

Signatures and Attachments

Student's Signature

Date

Executive Director's Signature

Date

This Scholarship Award is payable to: Myself My college or university Other: _____
(circle one) *please specify*

Mail the payment to this address: _____

Attachments:

Copy of Schedule of Tuition, Fees, and Other Expense Documentation
Copy of Financial Aid Award Documentation
Previous Semester's Report Card



Boys Hope Girls Hope
National Office