

Hispanic Organization for Progress and Education

Scholarship Application Form

DEADLINE DATE FOR APPLICATION: April.1

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Eli	gibilit	ty			
Υοι	ı are e	eligible for a HOPE (Hispanic Organia	zation for Progress and	d Education) Scholarship	, if you:
1.		Are a Laramie County resident.			
 Are a current senior at a Laramie County High School. OR graduating from Laramie County Community College. 					
3.		Are a student of Hispanic descent.			
4.		Have a 2.5 GPA			
5.		Submit this application and attach a	a copy of your academ	nic transcript.	
	Make sure you complete all the 3 pages in this application!				
Section 1 - Personal Information					
Last Name		e	First Name		Middle Initia
Date of Birth		irth	Gender		
			☐ Female	■ Male	
Telephone Number		e Number	Email Address		

City State Zip Mailing Address (if different from current address) Street Number and Name City State Zip Names and addresses of parents, spouse, legal guardians, or others who provide financial contributions or plan to contribute to your academic support. Are they HOPE members?yesno Are you currently residing with anyone mentioned above? Yes No Section 2 - Employment Are you currently employed? Yes No If yes, how long at present job? Employer's Name Employer's Address Section 3 - Education College or Technical School you plan to attend for which assistance is requested: Name	Current Address		
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City State			
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	City	State	

If you are currently attending college, check which grade

	Freshman				
ACT Score		SAT Score]	
Name of F	ligh School]	
Section 4	- Other Activities,	Community Inv	olvement, Volun	teer Work	
Section 5	- Personal Essay				
	nplete a one-page pe	rsonal essay and	d your need for this	s scholarship	
Ramos, Ast Thomas Pe	oose a Hispanic pers ronaut Ellen Ochoa, D rez. Write about his/he ir own education goals	octor Antonia Nover journey to succe	vello, Activist Rodolf	fo "Corky" Gon	zalez, and Secretary
Section 6	- Agreement and S	ignature			
	ng this application:				
☐ I affir	m that the information	submitted is true	and complete.		
□ Iam	n need of this assistar	nce to continue m	y education.		
☐ I will	use the proceeds of ar	ny assistance rece	eived for payment of	f my education	expenses.
☐ I und	erstand that this form i	s an application o	nly and does not ins	sure that assis	tance will be granted.
Name (print	ed)	Signatu	ıre		Date
	d applicants will be for a personal intervi	ew.			

HOPE SCHOLARSHIP APPLICATION

(Keep this section for your records)

HOPE Scholarships are funded by donations to the HOPE Scholarship fund, as well as from the proceeds of any fundraisers. Therefore, the amount and number of awards will be limited to available funds and may vary from year-to-year.

Scholarship recipients will be expected to assist with the fundraising and other events throughout the year.

You will be asked to submit proof of college registration in order to receive your scholarship award. Please submit proof of registration by August 1.

Please report any changes to the HOPE Chairman to this email: info@hopecheyenne.org.

Call HOPE at 307 632-4667 if you have questions.

Completed applications are due at 5:00 p.m. on April 1.

Submit Completed Application to:

HOPE Scholarship Committee P.O. Box 3194 Cheyenne, WY 82003 Or to info@hopecheyenne.org

Check List:

Have you completed the scholarship application? (Incomplete applications will be disqualified).
Have you attached a copy of your academic transcripts?
Have you attached your personal essay?
Have you signed the application form?