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## HOPE SCHOLARSHIP PROGRAM APPLICATION

Applicant Name: \_\_\_\_\_

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

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

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

Primary sponsor: \_\_\_\_\_

School Currently attending: \_\_\_\_\_

School or institution that scholarship funds will be used toward:

\_\_\_\_\_

How will the funds be used?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Transcript to be provided by mail.*

By signing below, I attest that all information provided is accurate and I understand that providing false information may result in disqualification from consideration for a scholarship award.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

For questions contact [HopeScholarshipProgram@citygateswf.org](mailto:HopeScholarshipProgram@citygateswf.org)