



Hispanic Organization for Progress and Education

Scholarship Application Form

DEADLINE DATE FOR APPLICATION: April.1

Academic year for which assistance is requested: 20____ through 20____

Eligibility

You are eligible for a HOPE (Hispanic Organization for Progress and Education) Scholarship, if you:

1. Are a Laramie County resident.
2. 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 copy of your academic transcript.

Make sure you complete all the 3 pages in this application!

Section 1 - Personal Information

Last Name

First Name

Middle Initial

Date of Birth

Gender

Female

Male

Telephone Number

Email Address

Current Address

Street Number and Name

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? ___ yes ___ no**

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

City

State

Freshman

ACT Score

SAT Score

Name of High School

Section 4 – Other Activities, Community Involvement, Volunteer Work

Section 5 – Personal Essay

1. Please complete a one-page personal essay and your need for this scholarship.
2. **Essay: Choose a Hispanic personality you admire from:** Justice Sonia Sotomayor, News Anchor Jorge Ramos, Astronaut Ellen Ochoa, Doctor Antonia Novello, Activist Rodolfo “Corky” Gonzalez, and Secretary Thomas Perez. Write about his/her journey to success, why you look up to them, how they inspire you to achieve your own education goals.

Section 6 - Agreement and Signature

By submitting this application:

- I affirm that the information submitted is true and complete.
- I am in need of this assistance to continue my education.
- I will use the proceeds of any assistance received for payment of my education expenses.
- I understand that this form is an application only and does not insure that assistance will be granted.

Name (printed)

Signature

Date

All qualified applicants will be contacted for a personal interview.

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?