

United in Hope Scholarship

Sponsored by the Chad A. Jacobs Memorial Foundation and the John Patrick Flanagan Foundation

Section A: Applicant information

Section B: Family Information

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Section I: Application Verification and Publicity Authorization

Applications submitted that are missing sections, incomplete or submitted after the deadline will not be considered by the selection committee. **Deadline for Application Submission is May 21, 2021.**

SECTION A: Applicant Information

Name: _____
Last First Middle

Male/Female: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address (school and person, please):

High School Currently Attending: _____

Extra-Curricular Activities involved in while attending High School: (List activity and dates involved in.)

Hobbies/Interests:

Employment: (List summer and/or part-time job(s) including dates and average number of hours worked per week.)

Name of the School you will be Attending in the Fall of 2021: (If unknown, list schools you have applied to):
Please indicate if school is a 2 or 4 year program, technical or trade school, and whether or not you plan on attending full- or part-time.

Section B: Family Information

Surviving Parent's/Guardian's Name: _____

Surviving Parent's /Guardian's Email Address and Cell Phone Number:

Deceased Parent's Name: _____

List Siblings (if any), Age, Grade in School, School Currently Attending or Occupation:

Section C: Financial Information

Surviving Parent's/Guardian's Occupation: _____

Surviving Parent's/Guardian's Annual Income: _____

***Please attach the first two pages of their most recent 1040 tax forms. Note: Social Security numbers should be blacked out.**

Does your Parent/Guardian Own their Home? _____

Estimated Net Worth of Parent/Guardian: _____

Applicant's Annual Income (Tax Return may be Requested): _____

Estimated Net Worth of Applicant: _____

List any Extraordinary or Unusual Expenses that You or your Family Incurs: _____

Was your family financially effected by Covid-19? _____

Anticipated Educational Expenses for the Coming Year:

Tuition: _____

Room and Board: _____

Books and Supplies: _____

Travel: _____

TOTAL: _____

Amount of Financial Support You Expect From:

Parent/Guardian: _____
Relatives: _____
Scholarships: _____
Loans: _____
Self: _____
Other: _____
TOTAL: _____

Section D: Transcript

Please Attach a Copy of Your Most Current Transcript to this Application.

Section E: Essay

Please Attach a Typed Written Essay LIMITED to 500 Words or Less that Explains How the Death of Your Parent has Shaped Who You are Today.

Section F: Deceased Parent Documentation

Please Attach a Copy of Your Deceased Parent’s Certificate of Death. (If cancer is not listed on the death certificate, please provide documentation of cancer diagnosis or treatment.)

Section G: References

Please have an Unrelated Adult Write a Character Reference on Your Behalf– e.g., Coach, Teacher, Guidance Counselor, or Family Friend. Please have them send it directly to: Karen Jacobs, 6 Sleigh Ridge, Westport, CT 06880.

Section H: Picture of Applicant

Please Attach a Current Picture of Yourself.

Section I: Application Verification and Publicity Authorization

Application Verification

We have read and certify that the information provided herein is complete, correct and truthful.

Applicant Signature: _____ Date: _____

Print Applicant Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Parent/ Guardian Name: _____

Publicity Authorization

The recipient of the United in Hope Scholarship understands that receiving such a grant may result in publicity, and hereby authorizes the Chad A. Jacobs Memorial Foundation (“CAJF”) and/or the John Patrick Flanagan Foundation (“JPFF”) to publicize or use the recipient’s name and/or photograph, now or in the future, in promotional material involved in their respective foundations.

The recipient hereby releases and holds harmless CAJF and JPFF from any and all liabilities, damages or claims of any kind resulting from the use, distribution or disclosure of the recipient’s name and or photograph or other information regarding the recipient.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Send or Email completed application, postmarked no later than May 21, 2021 to:

**Karen Jacobs
6 Sleigh Ridge
Westport, CT 06880
Attn: United in Hope Scholarship
OR
Email: UnitedinHopeScholarship@gmail.com**

If you have any questions or have not heard from us, please call Karen at 203-247-2133.