



# COMMUNITY HOPE FUND

## COMMUNITY HOPE & DREAM SCHOLARSHIP APPLICATION

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

Parent/ Guardian Name: \_\_\_\_\_

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

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

Email (Parent/Guardian): \_\_\_\_\_

Household Income: \_\_\_\_\_ Number of People in Household: \_\_\_\_\_

Do you currently receive any of the following: (Please check all that apply)

WIC

SNAP

TANF

Foster Care

Another Assistance Program

Name of Program: \_\_\_\_\_

I am not currently on an assistance program.

### **YOUTH INFORMATION:**

Name of Youth: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Overall Academic Grade: (A, B, C, D) \_\_\_\_\_

**ACTIVITY INFORMATION**

Chosen Activity: Sports program  Fine Arts program  Performing Arts program

Program Organization Name: \_\_\_\_\_

Organization Contact Full Name: \_\_\_\_\_

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

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

Registration Due Date: \_\_\_\_\_

Program Description Including Costs and Total Dollar Amount Seeking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Length of Program in Weeks: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

Number of Sessions for Fine/Performing Arts Programs: \_\_\_\_\_

Please tell us about your child, the program, and why you are requesting a grant/assistance for your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_