

A GARDEN OF HOPE SCHOLARSHIP APPLICATION FORM
There is a \$20 APPLICATION FEE

PERSONAL INFORMATION:

Full Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Emergency Contact: _____

Relationship to you: _____

Allergies: _____

EDUCATIONAL BACKGROUND:

PLEASE INCLUDE A COPY OF YOUR TRANSCRIPTS WITH THIS APPLICATION.

High School Name: _____

Expected Graduation Date: _____

Cumulative GPA: _____

Intended College/University: _____

Intended Major/Field of Study: _____



EXTRACURRICULAR ACTIVITIES:

Please list any clubs, sports, community service, or other extracurricular activities you are involved in:

ESSAY:

Please choose one of the essays below and attach a typed essay (minimum 200 words) addressing the following questions:

1. How has Garden of Hope impacted your life and personal growth?
2. How do you plan to utilize your education to give back to your community?
3. What are your career goals, and how will this scholarship help you achieve them?

REFERENCES:

Please provide the contact information of two references who can speak to your character, academic achievements, and involvement in community service or extracurricular activities:

Reference 1:

Name: _____

Email: _____

Phone Number: _____

Reference 2:

Name: _____

Email: _____

Phone Number: _____



I, [_____], hereby commit to the values and mission of the Garden of Hope Scholarship Program. By submitting this application, I affirm my dedication to personal growth, academic excellence, and community service. I understand that the Garden of Hope Scholarship aims to empower and support youth in their pursuit of higher education and leadership development during this 5-month virtual program.

As a scholarship applicant, I pledge to:

1. **Embrace Empowerment:** I will actively seek opportunities to grow, learn, and build upon my strengths. I understand that empowerment comes from within and will work to create a positive impact on myself and those around me.
2. **Strive for Academic Excellence:** I will prioritize my education and commit to achieving my academic goals. I will seek academic challenges and utilize the resources available to excel in my studies.
3. **Give Back to My Community:** I recognize the importance of community service and will actively engage in initiatives that uplift and support others. I will use my skills and knowledge to contribute positively to my community.
4. **Uphold Integrity:** I will act with honesty, integrity, and respect in all my interactions. I understand that being a Garden of Hope Scholarship recipient means being a role model for others.
5. **Support Diversity and Inclusion:** I will respect and celebrate the diverse backgrounds, experiences, and perspectives of my fellow scholarship applicants and recipients. I will foster an inclusive and supportive environment for all.
6. **Demonstrate Resilience:** I will face challenges with resilience and determination. I understand that setbacks are opportunities for growth and learning.
7. **Pursue Personal Growth:** I will continuously strive to better myself and explore my full potential. I will actively participate in workshops and programs that promote personal growth and development.
8. **Share My Story:** If selected as a Garden of Hope Scholarship recipient, I will share my journey and experiences to inspire others and showcase the impact of this scholarship.

By signing this commitment statement, I affirm my dedication to the goals and values of the Garden of Hope Scholarship Program. I am excited about the possibility of joining the Garden of Hope community and making a positive impact on the world.

Applicant's Signature: _____ Date: _____



I understand I have an opportunity to earn a scholarship up to 10k but will be measured during this 5-month scholarship program. During these 5 months we will monitor your success in the follow areas: Attendance, Participation, Personal Growth here with us and your home, Leadership, Stem, Life Skills, Academics within workshops and your school and last but not least your community service.

Dear Future Garden of Hope Scholarship Recipients,

Congratulations on your outstanding achievements and your upcoming graduation ceremony! We are immensely proud of your dedication and hard work, and we are excited to celebrate this momentous occasion together. As we approach the graduation date, we want to outline the student responsibilities and expectations to ensure a memorable and successful event.

1. Graduation Attendance:

Attendance at the Garden of Hope Scholarship graduation ceremony is mandatory for all recipients. This formal event represents the culmination of your academic journey and the recognition of your accomplishments. We encourage you to invite your family, friends, and loved ones to witness this special milestone in your life.

2. Ticket Sales:

Each student is responsible for selling a minimum of 10 tickets to the graduation ceremony. The tickets are priced at \$65 each, and the proceeds will contribute to supporting future Garden of Hope Scholarship recipients. Your efforts in selling tickets will not only help us continue our mission but also provide more opportunities for aspiring scholars.

3. Graduation Attire:

For our gentlemen graduates, formal attire is required, including black suits and black ties. This dress code represents the significance of the occasion and creates a unified and dignified appearance.

For our ladies, we request that you wear all white gowns, symbolizing purity and the brightness of your future. The all-white attire will add elegance and grace to the ceremony.

4. Graduation Preparations:

Leading up to the graduation day, we will provide you with detailed information about the event's schedule, location, and any additional arrangements. Our team will guide you through the necessary preparations to ensure that you feel confident and prepared for this significant day.

5. Communication and Support:

We are here to support you throughout this journey. If you have any questions or concerns, please do not hesitate to reach out to our team. We understand that this may be a busy time for you, and we want to make the process as smooth and enjoyable as possible.

Lastly, remember that your achievements and the impact you have on your community are a testament to the dedication and potential you possess. The Garden of Hope Scholarship Program believes in your ability to make a positive difference in the world, and we are thrilled to witness your growth and success.



Thank you for your commitment to excellence and for being a part of the Garden of Hope family. We look forward to celebrating your graduation and continuing to support your future endeavors.

Sincerely,

LaShaunta Waller -Founder of Garden of Hope Scholarship

The human spirit is one of ability, perseverance and courage that no disability can steal away...

CERTIFICATION:

By signing below, I certify that all the information provided in this application is accurate and true to the best of my knowledge. I understand that incomplete or false information may result in disqualification from the Garden of Hope Scholarship Program.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____

