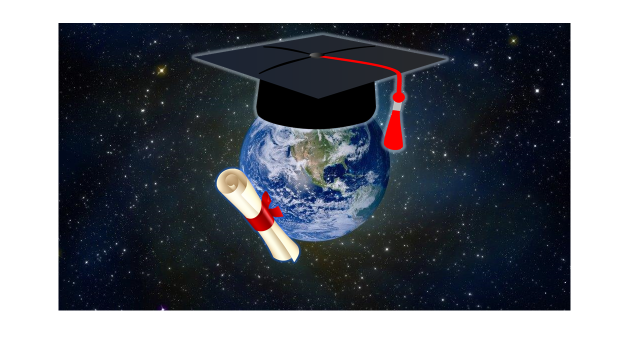
**HELPING YOUNG PEOPLE EXCEL**

**SCHOLARSHIP APPLICATION**



PLEASE READ THE INSTRUCTIONS CAREFULLY AND COMPLETE ALL SECTIONS

\*Failure to follow instructions can result in disqualification.

1. Complete all 5 sections of the application

2. Application can be emailed to HYPE\_TN16@yahoo.com

3. Mail the completed packet to:

Helping Young People Excel

P.O. Box 1477

Millington, TN 38083

\*Scholarship awards will be determined by the following information:

1. Financial need

2. Academic achievement

3. School activities

4. Community and church involvement

Deadline for submission must be postdated or emailed by TBA.

If selected the applicant will be notified through their church.

The awards ceremony date is TBA, and will be held at TBA. Please RSVP to our email or call (901)438-5831 to confirm the two people who plan to attend the ceremony with you.

Questions or if you need additional copies of this application: call Ruthie Wilburn (901) 438-5831 or email [Help\_TN16@yahoo.com](mailto:Help_TN16@yahoo.com).

**Helping Young People Excel**

**2025-Scholarship Application**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents or Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the church you currently attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section1:** Financial Need

Parent(s)/Guardian household income:

\_\_\_\_\_\_\_\_\_\_\_\_\_less than $20,000 \_\_\_\_\_\_\_\_\_\_\_\_\_\_$20,000-$30,000

How many people living in your household are currently in college? \_\_\_\_\_\_\_\_\_\_

List any other scholarships that you have received:

|  |  |  |
| --- | --- | --- |
| **College/University** | **Type of Scholarship** | **Amount** |
|  |  |  |
|  |  |  |

**Section 2:** School Activities and Honors

List your membership in your high school organizations and clubs:

|  |  |  |
| --- | --- | --- |
| **Club or Organization** | **Years Involved** | **Office Held** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Honor/Distinction** | **Year Awarded** | **Briefly explain the basis for the award** |
|  |  |  |
|  |  |  |

**Section 3:** Community and church involvement (Do not duplicate school activities if listed above)

List your community and church involvement activities:

|  |  |  |
| --- | --- | --- |
| **Club or Organization** | **Years Involved** | **Office Held** |
|  |  |  |
|  |  |  |

**Section 4:** Provide the name(s) of the college/university that you have applied to:

|  |  |  |
| --- | --- | --- |
| **College/University** | **Major** | **ACT/SAT Scores** |
|  |  |  |
|  |  |  |

**Section 5:** Additional requirements for consideration for H.Y.P.E. scholarship:

1. Two (2) letters of recommendation must be submitted with this application
2. Faculty member
3. Guidance counselor
4. Provide a copy of your acceptance/admittance letter from the college/university
5. Provide a copy of your ACT/SAT scores
6. Provide a copy of senior head picture
7. Submit a 2-paragraph essay, double spaced, of your major, and career opportunities
8. Answer the survey question shown below

How would you like to give back to your community after participating in this or a similar program?

Certify that the information contained in this application is accurate and true by signing below. In addition, the applicant gives H.Y.P.E. permission to publish and/or use photographic portraits and pictures of which I am included in whole or part, for advertising or any lawful purpose.

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

Scholarship Applicant Date Parent/Guardian Date