Brigid's Hope

2024-2025

Scholarship Application

You may type directly into this fillable PDF, or you may print it out and neatly handwrite your answers in ink. Completed applications must be mailed to: **Brigid's Hope, Attn: Scholarship Application, 1214 Lake Road, Webster, NY 14580.**

Application Deadline: 5/1/2024 *(If mailed, applications must be postmarked by May 1st.)*

Application must include:

____ Scholarship application
____ Official High School Transcript
____ Two Letters of Recommendation
____ Statement of Financial Need
____ College/University Acceptance/Enrollment Letter

1. Name: _____ _____ _____
   Last First M.I.

   Address: _____

   _____ _____ _____ _____
   City State Zip E-mail

   Phone: _____ Date of Birth: _____ / _____ / _____

2. What year did/will you receive a high school diploma or GED? _____

   _____ _____ _____
   High School Name or GED County City State

3. Applicant must be enrolled in a College, University, Vocation/Trade School

   _____ _____ _____
   College/University/School Name City State

4. Applicant's Guardian/Parent Annual Income as declared on FAFSA: _____

5. Letters of Recommendation: Please provide Two (2) letters of recommendations from choice of high school teachers, administrators, counselors, employers, or individual with significant knowledge of applicant.

6. Statement of Financial Need: Please provide up to 350 words, explaining your need for financial assistance and reason for applying for Brigid's Hope Scholarship.

CERTIFICATION. ALL APPLICANTS:
I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. **If chosen for scholarship award, I agree to provide proof of attendance to the committee at each semester/quarter break in order for the committee to determine eligibility.** I further agree if chosen to submit a written paragraph to be published on the value of the scholarship award toward my academic pursuits.

Signature: _____ Date: _____