



**RAY  
OF  
HOPE**

**Be Unique. Be Exceptional. Be You.**

## **SCHOLARSHIP APPLICATION**

Mail your completed application, a copy of your tax returns, and your program flyer to:  
Ray of Hope  
P.O. Box 1607  
Superior, WI 54880

### **SECTION ONE: PERSONAL INFORMATION**

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

#### **Applicant Information:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

If Under 18, Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Marital Status: S \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Education Level \_\_\_\_\_

#### **If Nominating Applicant:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

#### **How did you learn about Ray of Hope?**

- Relative or Friend       TV, Radio, or Newspaper Advertisement       Flyer or Brochure  
 Internet Search       Other, please list \_\_\_\_\_

**Applicant Gross Family Income\*:**

- Under \$10,000                       \$10,000 - \$20,000                       \$20,000 - \$30,000
- \$30,000 - \$40,000                       \$40,000 - \$50,000                       Over \$50,000

**Applicant Employment and Student Information:**

Are you currently employed? \_\_\_\_\_ If yes, How many hours do you work per week? \_\_\_\_\_

If yes, Name of employer \_\_\_\_\_

Are you currently a student? \_\_\_\_\_ If yes, Where? \_\_\_\_\_

**SECTION TWO: PROGRAM INFORMATION\*\***

**I am applying for the following Scholarship Fund:**

- Community Group or Club                       Sport Activity                       Camp Participation
- Continuing Education or GED                       Arts and Humanities                       Counseling or Self Help

**Program Information:**

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

Participation Dates, Start and End \_\_\_\_\_

Name of Group or Organization that Manages the Program \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Website Address \_\_\_\_\_

**Program Fees:**

Registration \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_

Other – Please Explain \$ \_\_\_\_\_

**SECTION THREE: APPLICANT QUESTIONNAIRE**

Please answer, in your own words, the following questions in the space provided. If you need additional space please attach a separate sheet of paper. If nominating, please only answer question number one.

Ray of Hope's Vision is to guide individuals through the proper channels in order for them to **BELIEVE** in themselves.

**Be Yourself** - Be proud of who you are.

**Education** – Knowledge is power

**Live** – Live life to its fullest potential.

**Individuality** – Celebrate your differences.

**Empowerment** – Have strength in all that you do.

**Visualize** – Envision your dreams.

**Endurance** – Never give up.

1. With Ray of Hope's Vision in mind, how will you (or the applicant if nominating) develop a greater BELIEF in yourself by participating in your desired program?

2. Where do you see yourself five years from now?

3. Who do you admire and why?

**\*A copy of your most recent tax returns is needed to verify your family gross income falls under federal guidelines for Low to Moderate Income levels.**

**\*\*A brochure or flyer is required listing the program's activities and associated fees. If none is available you may attach a signed letter from the organization.**