



Sharing Christ's love by meeting human needs

2020/2021 Dual Enrollment Program Scholarship Application

PERSONAL INFORMATION:

Applicant's Name: _____ Date of Birth ___ / ___ / ___

Parent or Legal Guardian name/s: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Email: _____

Last four digits of Social Security number: _____ Gender: _____

Ethnicity (circle all that apply): Asian, African American, Hispanic, Native American, Arab American, Caucasian

Gross Monthly Household Income (before taxes): \$ _____

EDUCATIONAL INFORMATION:

Projected date of High School Graduation: _____

What school will you be taking college classes with? _____

School Address: _____

How much are your course fees? _____

What classes do you intend to take? How many credits will you receive?

Who do we need to communicate with at your high school to arrange payment for your scholarship?

Contact Name and Address: _____

Applicant's signature

Date

Supporting parent/guardian's signature

Date

(required if applicant is a student/dependent minor)

Required attachments:

- Please provide a letter of recommendation from your high school indicating program eligibility and need for financial assistance. This letter should also include specific academic fees you will be requesting assistance for.
- New Hope requests a short essay describing your post-graduation goals and how participation in a dual enrollment program will help you achieve these goals. Please also include information about your extracurricular activities and volunteer participation.

Please mail your completed application to:
New Hope Ministries
P.O. Box 448
Dillsburg, PA 17019

You may also email your completed application to: Christi Bell at
cbell@nhm-pa.net

If you need help with completing this application, please contact New Hope Ministries Program Manager:
Christi Bell 717-432-2087 ext. 208 or cbell@nhm-pa.net as well as your school's guidance counselor.