

PROJECT



Scholarship Application

Name _____

Address _____

Home Phone _____ Cell Phone _____

School Currently Attending _____

College Planning to Attend _____

Intended Major or Coursework _____

Employer _____

Address _____

Dates of Employment & Supervisor _____

Extracurricular Activities (School & Community):

- Complete an application and return it to Project Hope, P.O. Box 4236, Tupelo, MS 38803-4236. Application deadline is March 25.
- Submit a personal statement (250-500 words) expressing your interests, strengths/opportunities for improvement, future plans and goals. In addition, answer ONE of these questions: (1) What factors influenced your decision to choose a health career, OR (2) How have heart disease, cancer or diabetes affected you or your family personally?
- Provide two letters of recommendation from teachers, employers, etc.
- Include a copy of your high school transcript.
- Include a recent photograph that can be used for publicity purposes for recipients.