



BUILDING HOPE SCHOLARSHIP APPLICATION

GENERAL INFORMATION:

Applicant Name: _____

Social Security Number: _____

Address: _____

City/Street/Zip: _____

Phone Number(s): _____ Fax Number: _____

Birth Date: _____ Sex: _____

Email Address: _____

Parent's Marital Status (circle one):

Married / Never Married / Divorced / Single / Separated / Widow(er) / Other: _____

Do you have any children? (circle one): Yes / No If yes, give sex & age of each: _____

Mother's Full Name: _____

Father's Full Name: _____

Custodial Parent(s) Address: _____

Parent(s) City/Street/Zip: _____

Are you a U.S. Citizen? (circle one): Yes / No

If not, from what country is your citizenship?: _____



Are you the recipient of any other scholarships or grants? (circle one): Yes / No

If yes, name scholarships/grants and amounts: _____

FINANCIAL INFORMATION (this information will remain confidential):

Are you independent and living on your own? (circle one): Yes / No

Do you provide for another dependent? (circle one): Yes / No

Do you live at home with both parents? (circle one): Yes / No

Do you live in a single-parent household? (circle one): Yes / No (see below)

Is your single parent your (circle one): Mother / Father / Other (provide details): _____

Does any other party provide support to you? (circle one): Yes / No

If yes, name party: _____ Amount per year: \$ _____

Are you claimed as a dependent on any Federal Income Tax return? (circle one): Yes / No

Whose dependent?: _____

Do you receive a monthly check from the U.S. government? (circle one): Yes / No

If yes, amount per month: \$ _____

Father's Place of Employment: _____ Job Title: _____

Annual Income: _____ Work Phone: _____



Mother's Place of Employment: _____ Job Title: _____

Annual Income: _____ Work Phone: _____

Guardian's Place of Employment: _____ Job Title: _____

Annual Income: _____ Work Phone: _____

If you are currently employed, please name employer: _____

Employer's City, Street: _____ Employer's Phone: _____

List specific reasons why you require financial assistance to attend school: _____

PLEASE SEND THE COMPLETED APPLICATION TO:

Alicia Fink: Aliciafink@yahoo.com
Building Hope Scholarship Department
110 Tal's Rock Way
Cary, NC 27519