



Dear Applicant,

Thank you for your family's continued dedicated service to the United States Armed Forces. Please complete the below application and mail to:

Hope For The Warriors® Scholarship program  
4701 Shore Drive Suite 103 #426  
Virginia Beach VA 23455

All incomplete applications will be returned to sender. If time allows, a check-list will be included to allow you to resubmit the application.

All complete applications will be scored starting October 13, 2011. Scholarship recipients will be notified by phone no later than November 26, 2011. If you do not receive a phone call by November 30<sup>th</sup> you have not be awarded the scholarship.

Good Luck,  
Kathi Delay  
Hope For The Warriors®  
Scholarship Director  
[kathi@hopeforthewarriors.org](mailto:kathi@hopeforthewarriors.org)



## Spring 2012 Scholarship Application

**Hope For The Warriors®**, as part of its effort to ensure that the sacrifices of servicemen and women and their families are not forgotten, nor their needs unmet, awards scholarships to U.S. military spouses of Wounded Service members and Fallen Warriors as defined below. The purpose of the scholarships is to identify, recognize and reward exceptional spouses for their strength, fidelity and resolve despite adversity and to aid in their continued education at a reputable, accredited college or trade school as they assume critical roles in the financial well being of their families.

Scholarship awards are **\$5,000** to be made co-payable **to the scholarship recipient's institution** for payment of tuition, books and supplies and may be reapplied for up to four years for a maximum of \$20,000. *The application process is the same for new applicants and renewals.*

**Please complete the following information.** *Only neatly completed applications will be accepted.*

Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Name of Sponsor \_\_\_\_\_ Rank E \_\_\_ O \_\_\_ Status  AD  RET  DEC  DIS

Branch or Service  Army  USMC  Navy  National Guard  Coast Guard  Air Force

Spouses' SSN \_\_\_\_\_ Spouses' Last Unit of Record \_\_\_\_\_

Nature of service member's injury \_\_\_\_\_

High School/College(s) Attended \_\_\_\_\_ City, State \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Accredited College or Trade School you intend to apply to/have been accepted to/are attending \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

Have you ever applied for the Hope For The Warriors® Scholarship in the past?  yes  no

If yes how many times? \_\_\_\_\_ If awarded, which scholarship and when? \_\_\_\_\_

## **Applicant Eligibility/Requirements**

1. Must be able to provide proof showing applicant is a legal spouse or caregiver of a U.S. military service member who was wounded/injured or killed in the line of duty between 2001 and the present. Please provide one of the following:

A: If the service member is still on active duty, retired or KIA, applicants must submit a copy of the front and back of their Military ID.

B: If service member is discharged, applicant must show either DD214 form or retirement order documents with a marriage certificate.

\*Caregivers who are not spouses must submit a legal, notarized document stating they possess guardianship. Applicants may request assistance in verification from the Scholarship Coordinator by sending an e-mail to [scholarship@hopeforthewarriors.org](mailto:scholarship@hopeforthewarriors.org).

2. Must currently reside in the United States.
3. Must intend to apply or be currently enrolled in an accredited college or trade school for the current school year, in pursuit of a bachelors/masters degree or vocational program pursuing certification.
4. Must show proof of satisfactory academic progress: Score of at least 650 on the GED, a high school diploma with a 2.6 overall GPA based on a 4.0 scale or similar rating of current studies if within the last 5 years. *Unofficial transcripts will be accepted.*
5. Must provide two letters of recommendation - one must be completed by an education or business professional or employer/volunteer coordinator/supervisor. Only letters of recommendation accompanying the application package will be accepted. Each letter must be in a sealed envelope.
6. Must submit an original typed, double-spaced essay, with no more than 500 words concerning this topic. **"Describe how this scholarship will impact your family."**  
Please retype the question at the top of your essay response. Please omit your name and spouses rank (any identifying information) so that your essay may be evaluated objectively.
7. Must fill out the two-page questionnaire fully and completely. (Included in the application)
8. Must provide one of the following documents for proof of injury: 199, PEB, VA Eligibility Letter, Purple Heart Award, or Official Letter from Military Chain of Command or VA Care Coordinator.

## **Selection Process**

Applicants must complete and submit the attached application/certification forms along with proof of service, proof of injury/death, original essay, two-page questionnaire and two letters of recommendation. Incomplete packages will not be accepted. Incomplete packages received before the deadline will be mailed back to individual with checklist to ensure the proper documents can be added and resubmitted before deadline. Updated documents that are received after deadline has expired will not be accepted.

Applicants will be selected for scholarship award recommendation based on their eligibility, their commitment to succeed as indicated by academic achievement, personal goals, letters of recommendation and resume, and their original essay response. Scholarship award recommendations and final selection will be at the discretion of the Hope For The Warriors® Scholarship Committee. Applicant anonymity will be preserved during the selection process. *All members of the Scholarship committee are ineligible for scholarships.*

## **Time Table**

**October 13, 2011**

**Deadline for applications to Hope For The Warriors®**

**November 16, 2011**

**Scholarship Award Notification**

**Please submit all questions to [scholarship@hopeforthewarriors.org](mailto:scholarship@hopeforthewarriors.org).**

## **Eligibility**

*(Eligibility will be verified.)*

Hope For The Warriors® Scholarships were created in response to the sacrifices of U.S. military service members in the Global War on Terror and the desire to provide their spouses or caregiver with the opportunity to pursue postsecondary higher education to assist them in maintaining the financial well being of their families. As such, Hope For The Warriors® Scholarships are open only to legal spouses or caregiver of U.S. military service members who were wounded/injured or killed while in the line of duty between 2001 and the present.

**Certification**

Applicant must read and sign the following Statement of Certification to be eligible for consideration.

- I understand that my application is not an indicator that a scholarship will be available and that eligibility, criteria and the awarding of scholarships will be at the final and sole discretion of the Hope For The Warriors® Scholarship Committee.
- I certify that all information provided is complete and accurate to the best of my knowledge.
- I certify that I will be a full-time or part-time student for the upcoming academic year.
- I understand that if I do not finish the academic year or otherwise cease to meet eligibility, I must forfeit and return any scholarship awarded to me. I further understand that the unused balance of any scholarship awarded to me can be carried over to a subsequent term, but upon graduation, any unused balance must be surrendered.
- I certify that I am a legal spouse or caregiver of a U.S. military service member who was wounded/injured or killed while in the line of duty between 2001 and the present.
- I give consent, in accordance with the Family Education Privacy Rights Act, to allow financial or academic/enrollment information and, in accordance with the Privacy Act, to allow military dependency status and information regarding my spouse's injuries or death to be released to the appropriate parties to be used to verify eligibility for this scholarship.
- I give consent to use my likeness in photos, name, etc in the publicity and promotion of this scholarship.
- I certify that I have read this application and certification and accept all conditions.

Applicant's Signature\_\_\_\_\_Date\_\_\_\_\_Time

**Scholarship Application Check List**

- Application
  - Signature
  - Intended College
- Proof of Service Identify:\_\_\_\_\_
- Proof of Injury/Death Identify:\_\_\_\_\_
- Original Essay (No more than 500 words)
- 2 Page Questionnaire completed
- Professional Letter of Recommendation
- Second Letter of Recommendation
- 2.6 GPA or 650 on GED



Spring 2012 Scholarship Questionnaire

**Injury questions:** (If KIA spouse, please move to next group of questions)

1. Was your service member medevaced out of country?  yes  no  unsure
2. Was your service member's injury significant enough to cause hospitalization after he/she was home?  yes  no  unsure If yes how long? \_\_\_\_\_
3. Did your service member ever return to full duty status?  yes  no  unsure

**Personal questions:**

1. Do you work outside the home?  yes  no If yes how many hours per week? \_\_\_\_\_
2. What is your current job title? \_\_\_\_\_
3. Are you a stay at home parent?  yes  no
4. Do you have children?  yes  no If yes how many children? \_\_\_\_\_
5. Are you currently taking education classes?  yes  no  
If yes how many hours per week? \_\_\_\_\_
6. Do you volunteer in the community?  yes  no If yes how many hours in the past year? \_\_\_\_\_  
Where do you volunteer? \_\_\_\_\_
7. What do you like to do in your spare time?

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8. Where do you see yourself in 10 years?

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**Work History:**

Please list your job history (no more than 4):

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Awards, Special accomplishments: (Dean's list, other scholarships etc)**

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**Completed Degrees (if any) please include dates:**

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**If you could tell the scholarship committee one thing about yourself, what would it be?**

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