

SCHOLARSHIP APPLICATION SCHOLARSHIP

The Scholarship Application Form and related paperwork must be received four (4) months prior to the tuition due date. Applicant must have a brain injury in order to apply for scholarship. Applications may be emailed to scholarship@chelshope.org and MUST be mailed to:

1425 Sunshine Rd. SE
Deming, NM 88030

*Application must be completely filled out to be eligible for acceptance.

1. Information about the applicant: Applicant's

Name _____ (First) (M.I.) (Last)
Permanent Address: _____ (Street)
(Apt #) _____ (City) (State)
(Postal Code)

Date of Birth: ____ / ____ / ____ Age: ____ Male ____ Female ____ Home

Phone: _____ Work Phone: _____ Email: _____
Parent/Guardian's

Name: _____ (First) (M.I.) (Last)
(If applicable)

Address: _____ (Street) (Apt #)

(City) (State) (Postal Code) Year in
school: _____ G.P.A. _____ Name of
High School attending/attended: _____ Type of
brain injury\include any physical disabilities: _____

School of Choice: _____

Where did you find out about this scholarship opportunity: _____

II. Agreement

This is to certify that I, _____ understand that receipt of award funds is contingent upon my full-time\parttime attendance in (year) at a college, university, trade school. If I am a recipient, I give\do not give permission to Chel's Hope Foundation to release information to the media (with exception of financial status) and affiliates.

Further, I certify that to the best of my knowledge, all information contained in the applications is true and accurate. I understand that all decisions made by the Scholarship Committee are final.

Signature of Applicant Date

III. Publicity Release Authorization

I hereby give permission to Chel's Hope Foundation to use my name AND/OR picture to appear in any media AND/OR on Chel's Hope Foundation website prepared for the purpose of informing the community about Chel's Hope Foundation impact. I understand that such material may discuss some aspect of the program AND/OR identify my name AND/OR picture. I realize working with me may merit publication in professional journals, television, or newspapers.

I DO give my permission for publicity release as stated above.

I DO NOT give my permission for publicity release as stated above.

Name of Applicant (Please Print)

Signature of Applicant Date

IV. Eligibility Requirements

Our Chel's Hope Foundation scholarship Program is a long-term commitment to students entering and attending college. It functions to help reduce the barriers of education advancement and completion by providing the necessary skills for persons with disabilities.

Submission of application requires 📖 Two Essay questions (250 word max)
📖 GPA Minimum 2.5 📖 Physical disability/impairment including learning, sight, and hearing. 📖 Letter of reference submitted with application (letter can be written by

anyone applicant chooses and can be of any length)

IV. Essay: Each essay should be no longer than 250 words in length.

- 1 How has my disability impacted my life in a positive way?
- 2 Why I have chosen my area of study and what I plan to do with the education?

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* Applicants are required to submit a physician's certification of present condition and proof of disability. See Physician's form

* A financial statement is required at the time of the scholarship request submission. See Financial Statement