



SCHOLARSHIP APPLICATION

Application Check- List (please ensure all items are checked off as complete before submission):

- Application
- 2 Letters of Recommendation
- High School Transcript
- 1 Page Essay on Why You Deserve this Scholarship
- Resume
- Collegiate Acceptance Letter
- Counselor signature for IEP/504 Plan

Please email all completed scholarship applications to gratefulhandsincorporated@gmail.com by 5pm Monday February 28th, 2025.

Applicant Information

Full name:	_____	DOB:	_____
	<small>Last First M.I.</small>		
Address:	_____	Phone:	_____
	<small>Street address Apt/Unit #</small>		
	_____	Email:	_____
	<small>City State Zip Code</small>		

Secondary Contact

Full name:	_____	Relation	_____
	<small>Last First M.I.</small>		
Address:	_____	Phone:	_____
	<small>Street address Apt/Unit #</small>		
	_____	Email:	_____
	<small>City State Zip Code</small>		

High School Education

High school:	_____	Address:	_____
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Grateful Hands, Inc.

From: _____ To: _____ GPA: _____

IEP/ 504 Plan

Yes

Counselor Name: _____

Counselor Signature: _____

Date: _____

Post Secondary Education

College: _____

Address: _____

Intended Major: _____

Desired Degree Type: _____

Volunteer/ Community Service Experience

1. Company _____

Phone: _____

Address: _____

Supervisor: _____

Job title: _____

From: _____ To: _____

Responsibilities: _____



2. Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job title: _____ From: _____ To: _____
Responsibilities: _____

3. Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job title: _____ From: _____ To: _____
Responsibilities: _____

Financial Need:

Please describe your financial needs and how this scholarship would make a difference to you and your family.

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.
I understand that the scholarship funds will not be disbursed until my fall 2024 collegiate schedule is submitted.

Signature: _____ Date: _____