

Education Foundation Scholarship Application Form

| Name: |
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| Address: |
| Phone Number (s): |
| Email address: |
| Name of School Currently Attending: |
| Date You Expect to Graduate: |
| College You Plan to Attend: |
| College Student ID number (if known): (Please leave space blank if you have not been assigned a college student ID#) |
| Please submit the following documents to your HEPA scholarship champion: Application form |
| Personal letter describing future plans and goals (i.e. family, education, career) and financial need. |
| ☐ Photocopy of most recent report card or transcript |
| ☐ Photocopy of SAR report of Free Application for Federal Student Aid (FAFSA) for applicable school year |
| Photocopy of acceptance letter from university, college, or community college you plan to attend |
| ☐ Two (2) letters of reference from teachers, counselors, employers, or other individuals who are familiar with your character and potential. Include this person's relationship to you (student). |