



HEPA Education Foundation Scholarship Application Form

Name: _____

Address: _____

Phone Number (s): _____

Email address: _____

Name of School Currently Attending: _____

Date You Expect to Graduate: _____

College You Plan to Attend: _____

Student ID number, if known: _____

Write a personal letter describing your future plans and goals (i.e. family, education, career etc.)
Please also explain in your own words why your financial need is compelling.