



Hearts for Hospice Scholarship Application Form for 2024

Name: _____

Permanent Mailing Address: _____

City/State/Zip: _____

Email: _____

Cell Phone: _____

Other Phone: _____

Student Status as of Fall term, 2024:

- Sophomore
- Junior
- Senior
- Graduate Student (Masters, PhD)

Institution name and address you plan to attend in Fall term, 2024:

College Major or Area of Study. Explain how it relates to H4H Mission Statement:

Expected Graduation Date: _____ College GPA: _____

Hearts for Hospice Scholarship Application Form for 2024

Please provide a detailed description of your demonstrated activities and interests that are related to our Mission Statement. This might include:

- Volunteer Work or Community Service Experience
- Work Experience
- Personal Experience

For each activity, include what the activity was, where the activity was, what you did, dates you participated and how many hours contributed. You can include additional pages if needed.

Name of Activity or Event	Location of Activity or Event	Your role in the activity (Officer, Volunteer, Speaker, etc.)	Date(s) of your participation	Hours engaged in this activity



Hearts for Hospice Scholarship Check-Off List for 2024

- YES, I am a U.S. Citizen. _____ (*initial here*)
- YES, I am a resident of the State of Oregon. _____ (*initial here*)
- All the following documents:
 - a. Completed Application and Activities/Interest Form.
 - b. My most current unofficial college transcript.
 - c. My document showing college acceptance for the Fall '24 school term.
 - d. At least one (1) letter of recommendation from a non-relative.
 - e. Personal Essay (Max: 500 words.)
- This completed Check-Off List & signed Certification below

Certification

I certify that the statements furnished in this scholarship application are true and correct.

Applicant's Signature: _____

_____ Initial here to verify that the above is a representation of my signature.

Date: _____