

## UNUSUAL CIRCUMSTANCES

Describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities. If space provided in this section proves inadequate, information may be continued on additional sheets of paper and attached to the application.

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## TRANSCRIPT INFORMATION (REQUIRED)

Applicant **MUST** include their most recent high school transcript of grades including first semester of \_\_\_\_\_ school year, and have the following section completed by the appropriate high school official.

APPLICANT RANKS	IN A CLASS OF	CUMULATIVE UNWEIGHTED GRADE POINT AVERAGE (4.0 SCALE)		
SCHOOL OFFICIAL'S SIGNATURE	DATE	TITLE	PHONE	
SCHOOL ADDRESS		CITY	STATE	ZIP CODE

## CERTIFICATION

### CERTIFICATION:

PLEASE PLACE  
CURRENT PHOTO  
HERE.

NOTE: PHOTOS BECOME PROPERTY  
OF "MOHO" & WILL NOT BE RETURNED

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof information I have given on this application. Falsification of information may result in the termination of any scholarship granted. This application becomes the property of MOHO. I give permission for my submitted photograph to be used in any promotional materials.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

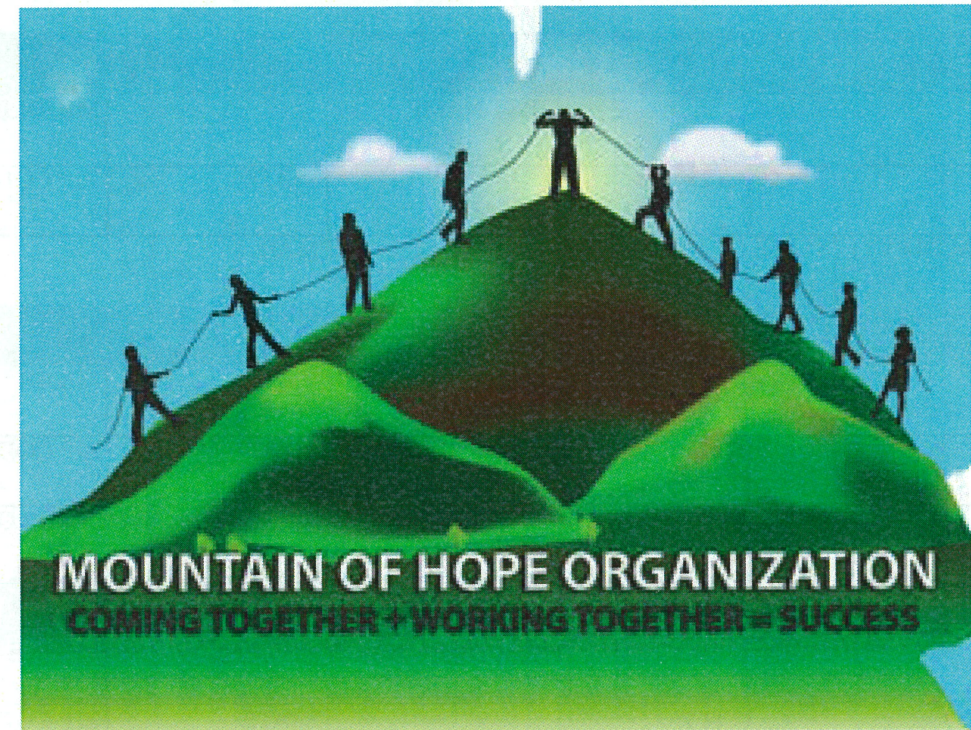
## APPLICATION CHECKLIST

This application for a scholarship becomes complete and valid only when you have returned all of the following materials:

- **STUDENT APPLICATION**
- **CURRENT TRANSCRIPT(S) OF GRADES** (including grading scale and first semester of \_\_\_\_\_ school year)
- **CURRENT PHOTO TO:**

THE MOUNTAIN OF HOPE ORGANIZATION  
SCHOLARSHIP COMMITTEE  
PO BOX 323  
MOUNT HOPE, WV 25880

## SCHOLARSHIP APPLICATION



### MOUNTAIN OF HOPE ORGANIZATION SCHOLARSHIP PROGRAM

The Mountain Of Hope Organization (MOHO) Scholarship Program recognizes the commitment of high school students to their education and communities. The MOHO Scholarship Program enables three (3) deserving high school seniors to receive a \$1500 scholarship to defray the cost of their post-secondary education.

### PROGRAM ELIGIBILITY

To be eligible for the Mountain Of Hope Organization Scholarship Program student(s) must:

- \* Currently be a graduating high school senior or a post secondary student with a grade point average of 2.5 or above on a 4.0 scale (or equivalent)
- \* Citizen or permanent resident of the United States.
- \* Be planning to enroll (no later than the Fall semester following announcement of awards) in a full-time course of study at an accredited two or four year college/university, or vocational/technical school in the United States.
- \* Agreement to attend a MOHO meeting to accept the award or send an appropriate designee

### RULES & INFORMATION

Students must complete this application and submit it by the deadline of April 15th. Applications are evaluated on the information supplied; therefore, it is important to answer each question as completely as possible.

All information submitted is confidential and will be reviewed by the Mountain Of Hope Organization Scholarship Committee (MOHO). These scholarships are awarded without regard to race, color, age, religion, creed, sex, disability, or national origin.

The scholarship must be used during the academic year for which it is awarded. The "MOHO" Scholarship Committee will notify recipients no later than May 15th, by mail. Recipients must verify their enrollment at a post-secondary institution.

Awards will be processed by the Mountain Of Hope Organization and the check will be made payable to the students school of acceptance. Students must inform the "MOHO" Scholarship Committee of any changes in address, school enrollment or other pertinent information.



# MOUNTAIN OF HOPE ORGANIZATION (MOHO)

## SCHOLARSHIP APPLICATION

### APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS		CITY		STATE	ZIP CODE
DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	PHONE	EMAIL		SEX M F

### PARENT OR GUARDIAN INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS		CITY		STATE	ZIP CODE
WORK PHONE		RELATIONSHIP TO APPLICANT		NAME OF EMPLOYER	

### HIGH SCHOOL INFORMATION

SCHOOL NAME		PRINCIPAL'S NAME		PHONE	
ADDRESS		CITY		STATE	ZIP CODE
GRADUATION YEAR (MM/YY)	COUNSELOR/ADVISOR NAME	COUNSELOR EMAIL	TOTAL STUDENT ENROLLMENT	COUNTY	

### SPECIAL ACTIVITIES, AWARDS AND/OR HONORS

List all school activities, student offices held, and volunteer service in which you have participated during the past four years. List any special awards received (e.g., student government, music, sports, etc.).

ACTIVITIES	# OF YEARS	SPECIAL AWARD	OFFICES HELD	ACTIVITIES	# OF YEARS	SPECIAL AWARD	OFFICES HELD

### POST-SECONDARY SCHOOL INFORMATION

Name all post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names.

SCHOOL NAME		CITY		STATE	
SCHOOL NAME		CITY		STATE	
INTENDED MAJOR (or COURSE OF STUDY)				ANTICIPATED GRADUATION DATE (MONTH/YEAR)	
COLLEGE TYPE		<input type="checkbox"/> 4-YEAR COLLEGE OR UNIVERSITY <input type="checkbox"/> 2-YEAR COMMUNITY OR JUNIOR COLLEGE <input type="checkbox"/> VOCATIONAL-TECHNICAL SCHOOL			

If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application.

### WORK EXPERIENCE

Describe your work experience during the past four years, indicate dates of employment in each job and approximate numbers of hours worked each week.

COMPANY	POSITION	DATES (MM/YY) / TO /	HOURS PER WEEK
COMPANY	POSITION	DATES (MM/YY) / TO /	HOURS PER WEEK
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### GOALS AND ASPIRATIONS

Make a statement of your plans as they relate to your educational and career objectives and future goals.


### APPLICANT APPRAISAL (REQUIRED)

To be completed by high school counselor or advisor, an instructor, a work supervisor or leader who knows you well. APPRAISER: You have been asked to provide information in support of this scholarships application. Please give immediate and serious attention to the following statements. When complete, please return to applicant.

APPRAISER'S NAME	TITLE	PHONE	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
The applicant's choice of a post-secondary education program is:	<input type="checkbox"/> EXTREMELY APPROPRIATE <input type="checkbox"/> VERY APPROPRIATE	<input type="checkbox"/> MODERATELY APPROPRIATE <input type="checkbox"/> INAPPROPRIATE	
The applicant's achievements reflect his/her ability:	<input type="checkbox"/> EXTREMELY WELL <input type="checkbox"/> VERY WELL	<input type="checkbox"/> MODERATELY WELL <input type="checkbox"/> NOT WELL	
The applicant's ability to set realistic and attainable goals:	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
The quality of the applicant's commitment to school and community is:	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR <input type="checkbox"/> POOR	

OVERALL EVALUATION: (REQUIRED)


APPRAISER'S SIGNATURE

DATE