



## **Little Pink Houses of Hope (LPHOH) Children of Hope Scholarship Application**

### **Scholarship Information and Eligibility**

The Little Pink Houses of Hope Scholarship is for the children of parents or guardians who have attended any Little Pink Houses of Hope retreat. The applicant needs not to have attended the retreat to be eligible for scholarship. Recipients will be selected based on a number of criteria, including a personal essay, resume, and high school GPA, but there is no minimum GPA requirement. Financial need is not a criterion for the scholarship. The scholarship is for use at accredited two or four-year college and universities based in the United States of America. The scholarship is for one year and may be split among multiple recipients. Upon receiving the scholarship, additional information may be requested of the recipient. Recipients will have scholarship funds mailed directly to their institution of higher learning.

**Completed application, personal essay, resume and all additional documentation should be emailed to [info@littlepink.org](mailto:info@littlepink.org). In the Subject Line of the email, please put Children of Hope Scholarship, Your Name.**

**Application Deadline:** March 15, 2022

**Award Notification:** April 30, 2022

**Disbursement:** Made directly to accredited college or university

**Applicant Information**

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State/ Province \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

**LPHOH Retreat Information**

Year of retreat \_\_\_\_\_

Retreat Location \_\_\_\_\_

Name of parent recipient of LPHOH retreat \_\_\_\_\_

**Parent(s) or Guardian Information**

Name(s) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State/ Province \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

**Applicant Education Information** –application is for **HIGH SCHOOL SENIORS ONLY**

Current High School attending \_\_\_\_\_

Counselor Name and email \_\_\_\_\_

Current GPA \_\_\_\_\_

Intended major \_\_\_\_\_

College or University(s) planning to attend \_\_\_\_\_

Date of enrollment    Fall \_\_\_\_\_    Spring \_\_\_\_\_

**Additional Application Information (all emailed to [info@littlepink.org](mailto:info@littlepink.org))**

- A current resume
- Please include an essay (maximum two typed pages) that touches upon the following topics:
  - The effect of attending a LPHOH retreat and/or your parent’s breast cancer diagnosis on you.
  - What are your college, career, and life goals?
  - What is motivating you to attend college?

An official high school transcript

- should be emailed **DIRECTLY FROM COUNSELOR SCHOOL EMAIL ADDRESS** to: [info@littlepink.org](mailto:info@littlepink.org) or
- mailed in a school envelope, signed across the seal **BY COUNSELOR** and mailed to **Children of Hope Scholarship 2442 Tribek Ct., Burlington NC 27215**)

**Student and Parent/Guardian Release**

By applying for this scholarship, students agree to give Little Pink Houses of Hope permission to use the applicant’s name, photographs of self and family, and application information on all promotional material, social media pages, and the official foundation website, [www.littlepink.org](http://www.littlepink.org).

Both the student and the parent/guardian must read the following statement and sign as indicated.

We affirm that the information provided on this application is accurate to the best of our knowledge. We understand misrepresentations may constitute fraud, which may result in loss of eligibility of this scholarship or have other legal consequences. We give permission for the Selection Committee of the Little Pink Houses of Hope Children of Hope Scholarship Fund to review the information provided.

_____	_____	_____
<b>Applicant Signature</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Parent/Guardian Signature</b>	<b>Print Name</b>	<b>Date</b>