



## 2026-2027 Scholarship Application

### PERSONAL INFORMATION:

Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last 4 digits of Soc. Sec. # \_\_\_\_\_ Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Are you a United States Citizen? \_\_\_ If no, please provide documentation of legal residency.

Place of employment: \_\_\_\_\_

Have you or your family ever received assistance from New Hope or attended a New Hope Youth Program? Please Describe:

\_\_\_\_\_  
\_\_\_\_\_

If you live out of the area but are applying for scholarship because you attend a supporting church, please identify the name of the church you attend, their address, and the name of someone at the church who can confirm:

\_\_\_\_\_  
\_\_\_\_\_

Have you previously been a recipient of a New Hope Scholarship award? \_\_\_\_\_

### EDUCATIONAL INFORMATION:

Date of High School Graduation or GED: \_\_\_\_\_

Are you a graduate of New Hope's GED preparation program? \_\_\_\_\_

Institution of higher education where accepted: \_\_\_\_\_

School Address: \_\_\_\_\_

Address and department to which scholarship check should be sent:

\_\_\_\_\_  
\_\_\_\_\_

Intended major or career: \_\_\_\_\_

Length of course of study: \_\_\_\_\_

Year in your education you will be in the fall (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>): \_\_\_\_\_

**FAMILY DATA** (Complete this section **ONLY** if you are a current high school student and/or are listed as a dependent on anyone else's tax return):

Parent/Guardian names \_\_\_\_\_

With whom do you live \_\_\_\_\_

Is either parent: Deceased? \_\_\_\_\_ Disabled? \_\_\_\_\_

Brothers or sisters still residing at home: (List name and current age)

\_\_\_\_\_  
\_\_\_\_\_

Is anyone else in your household currently attending a post-high school institution? Please Describe:

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY/PERSONAL INCOME INFORMATION (fill in all that apply):**

Number of people in your Household: \_\_\_\_\_

Number of Adults 18 years of age or older: \_\_\_\_\_

Number of children under 18 years of age: \_\_\_\_\_

Your Personal Income for 2025: \$ \_\_\_\_\_

Total Household Income for 2025: \$ \_\_\_\_\_

**ANNUAL COST TO ATTEND YOUR EDUCATIONAL INSTITUTION**

Tuition \_\_\_\_\_

Room and Board \_\_\_\_\_

Fees \_\_\_\_\_

Other: \_\_\_\_\_

Total \_\_\_\_\_

**FINANCIAL RESOURCES:** List below all anticipated sources of income, parents' contribution, work study, savings, etc. that will be applied toward applicant's education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER SCHOLARSHIPS, AWARDS, OR GRANTS YOU ANTICIPATE RECEIVING:**

Scholarship/Grant/Award	Amount	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied for (Please Circle One): **Pell Grants:** Yes No **PHEAA:** Yes No

**COMMENTS:**

State any additional information to show financial need and general worthiness. Describe personal and financial obstacles you and your family face in obtaining your education. If you need additional space, please attach a separate sheet of paper:

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List extra-curricular activities (school/church/community), honors, awards, special skills:

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Describe involvement in any volunteer programs (especially with New Hope Ministries) or relevant work experience:

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**Please Note:**

- **Incomplete applications will be disqualified.**
- **Please do not staple anything.**
- **\*If you are unsure how to complete or obtain information required for this application, please contact your school’s counselor or the New Hope Ministries Youth Program Managers.**  
Gina Staton: [gstaton@nhm-pa.net](mailto:gstaton@nhm-pa.net) (717) 432-3053 Ext. 1309  
Amy Albert: [aalbert@nhm-pa.net](mailto:aalbert@nhm-pa.net) (717) 432-3053 Ext. 1312
- **If awarded a scholarship, please inform your educational institution that payment will be sent by June 30<sup>th</sup>.**
- **Complete Applications due by May 1, 2026.**

**Please Mail to:**

New Hope Ministries  
Attn: Gina Staton & Amy Albert  
99 W. Church Street  
Dillsburg PA 17019  
or email to: [gstaton@nhm-pa.net](mailto:gstaton@nhm-pa.net) & [aalbert@nhm-pa.net](mailto:aalbert@nhm-pa.net)



# NEW HOPE MINISTRIES – GUEST INTAKE SHEET / APPLICATION FOR ASSISTANCE

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township/Boro: \_\_\_\_\_ County \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ Phone #: (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Household Size \_\_\_\_\_

<b>Housing: (circle one)</b> Rent _____ Own _____ Shelter _____ Living with Family _____ Homeless _____ Living with someone NOT family _____	<b>Marital Status: (circle one)</b> Single _____ Married _____ Common-Law _____ Separated _____ Divorced _____ Widowed _____	<b>Completed Education Level: 0-8 grade 9-11 grade</b> High School Diploma _____ GED _____ Post Secondary (some) _____ Trade School 2-Year _____ Degree 4-Year _____ Degree _____
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Languages spoken in the household: \_\_\_\_\_

Do you expect your household size to change in the next 12 months? NO YES If yes, how? \_\_\_\_\_

Female Head of Household? Yes No

Family Members: Name (list yourself first)	Relationship to you	Gender (circle)	Race & Ethnicity	Disabled? (Circle)	Birth Date	Monthly Income & Type of Income
First Name, Last Name	<b>SELF</b> 	Male  Female  Other	<i>Choose one</i> Asian White Multi-racial Black/African Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander <hr/> <i>AND Choose one</i> Hispanic or Non-Hispanic	Yes   No	Month  Day  Year	\$ _____ <b>MONTHLY INCOME</b> <b>Income from:</b> Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None
First Name, Last Name		Male  Female  Other	<i>Choose one</i> Asian White Multi-racial Black/African Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander <hr/> <i>AND Choose one</i> Hispanic or Non-Hispanic	Yes   No	Month  Day  Year	\$ _____ <b>MONTHLY INCOME</b> <b>Income from:</b> Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None
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L2F Updated on \_\_\_\_\_ New Card Made \_\_\_\_\_ L2F # \_\_\_\_\_

Family Members:	Relationship to you	Gender (circle)	Race & Ethnicity	Disabled? (Circle)	Birth Date	Monthly Income & Type of Income
First Name, Last Name		Male Female Other	<i>Choose one</i> Asian White Multi-racial Black/African Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander <hr/> <i>AND Choose one</i> Hispanic or Non-Hispanic	Yes  No	Month Day Year	\$ _____ <b>MONTHLY INCOME</b> <b>Income from:</b> Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None
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First Name, Last Name		Male Female Other	<i>Choose one</i> Asian White Multi-racial Black/African Middle Eastern/North African American Indian/Alaska Native Native-Hawaii-/Pacific-Islander <hr/> <i>AND Choose one</i> Hispanic or Non-Hispanic	Yes  No	Month Day Year	\$ _____ <b>MONTHLY INCOME</b> <b>Income from:</b> Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None

**PLEASE CIRCLE ANY BENEFITS YOUR HOUSEHOLD RECEIVES:**

- |                 |                          |                    |                   |                                 |
|-----------------|--------------------------|--------------------|-------------------|---------------------------------|
| Cash Assistance | Child Care Works Program | CHIP               | Headstart         | Home & Community Based Services |
| LIHEAP          | Long-Term Care Services  | Medical Assistance | Section 8 Housing |                                 |
| SNAP            | TANF                     | WIC                | Vets Aid          |                                 |

Has anyone in your household served in the military? If YES, who? \_\_\_\_\_

In case of an emergency, please contact \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_.

**AUTHORIZATION GRANTED TO NEW HOPE MINISTRIES TO OBTAIN, EXCHANGE, AND DISCLOSE INFORMATION**

I, \_\_\_\_\_, hereby authorize New Hope Ministries to obtain, exchange, and disclose any and all information from/with/to other agencies, churches, and programs that may have either supplied or considered supplying assistance to me. I further authorize New Hope Ministries to obtain, exchange, and disclose information with my landlord, my employer, and any other person / agency / program in an effort to confirm the information I have supplied, to assist in determining eligibility for assistance, or to make arrangements for the provision of assistance.

I understand that all information supplied to and obtained by New Hope Ministries will be disclosed only as authorized above and will otherwise be held strictly confidential. I acknowledge reading, understanding, and approving of the release of information as provided for by the above paragraph.

I attest that the information and all income that follows is accurate to the best of my knowledge.

Applicant Signature

Date

Caseworker

Date