



Sharing Christ's love by meeting human needs

2025 – 2026
Dual Enrollment Program
Scholarship Application

PERSONAL INFORMATION:

Applicant's Name: _____ Date of Birth ___ / ___ / ___

Gender: _____

Parent or Legal Guardian name/s: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Ethnicity (circle all that apply): Asian, African American, Hispanic, Native American, Arab American, Caucasian

Gross Monthly Household Income (before taxes): \$ _____

EDUCATIONAL INFORMATION:

Projected date of High School Graduation: _____

Which college will you be taking classes at? _____

Semester (please circle one): Spring Summer Fall Winter

How much are your course fees per credit? _____

What classes do you intend to take? How many credits will you receive per class?

Student's College ID Number: _____

High School Counselor Name: _____ Email: _____

College contact and address to send payment:

Name: _____ Email: _____ Phone Number: _____

Address: _____

Applicant's signature

Date

Supporting parent/guardian's signature
(required if applicant is a student/dependent minor)

Date



Required attachments:

- Please provide a letter of recommendation from your high school indicating program eligibility and need for financial assistance. This letter should also include specific academic fees you will be requesting assistance for.
- New Hope requests a short essay describing your post-graduation goals and how participation in a dual enrollment program will help you achieve these goals. Please also include information about your extracurricular activities and volunteer participation.

If you need help with completing this application, please contact New Hope Ministries Youth Program Manager: Gina Staton at 717-432-3053 ext. 1309 or gstaton@nhm-pa.net as well as your school's guidance counselor.

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 _____

Housing: (circle one) Rent _____ Own _____ Shelter _____ Living with Family _____ Homeless _____ Living with someone NOT family _____	Marital Status: (circle one) Single _____ Married _____ Common-Law _____ Separated _____ Divorced _____ Widowed _____	Completed Education Level: 0-8 grade 9-11 grade 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	SELF ↙	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	\$ _____ MONTHLY INCOME Income from: 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	\$ _____ MONTHLY INCOME Income from: 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	\$ _____ MONTHLY INCOME Income from: 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	\$ _____ MONTHLY INCOME Income from: 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	\$ _____ MONTHLY INCOME Income from: Full Employment Part-time Employment Unemployment Soc Sec SSI/SSD Child Support Other None

L2F Updated on _____ New Card Made _____ L2F # _____

Updated 7/1/24

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 <u>AND Choose one</u> Hispanic or Non-Hispanic	Yes No	Month Day Year	\$ _____ MONTHLY INCOME Income from: 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 <u>AND Choose one</u> Hispanic or Non-Hispanic	Yes No	Month Day Year	\$ _____ MONTHLY INCOME Income from: 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