



FAITH HOPE & LOVE FOUNDATION

The Faith Hope and Love Foundation 2018 College Scholarship

Personal Information:

Applicant Name:

Today's Date:

Address:

Mailing Address: *(If different from above)*

Phone:

E-mail:

High School:

GPA:

Class Rank *(if known)*

Total Household Income*:

*Provide documentation letter from guidance counselor or copy of FAFSA Intended College, University, or Higher Education

Program *(if known)*:

Estimated Cost Per Year:

Short Answer Response:

Please answer the following questions in detail, making sure to answer all parts.

What are your financial barriers to pursuing higher education?

Describe a time where you have had to overcome an obstacle to achieve a goal.

Where do you see yourself in five years?

How do you plan on achieving the goals you have for the next 5 years?

Please send any questions or inquiries regarding your application to
info@faithhopeandlovefoundation.org



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What are the challenges, limitations, or barriers to achieving what you set out to do?

Describe your involvement in community service and how this involvement has had an impact on you?

~Essay Response~

The FHL board is made up of a diverse set of individuals who have found value in giving back to their communities. The purpose of this essay is to communicate your unique set of experiences and perspectives. The world faces a unique set of challenges that impact people in a variety of ways. If you could bring a change to our world or your community, what would it be and why is this change important to you? What role would your future endeavors play in helping to bring about this change?

Please keep your response to less than 250 words or to one page in length.
Attach with application.

References

Please supply 1 personal and 1 professional letter of recommendation with application.

*Note family members may not write recommendation letters.

Please have all applications post-marked by January 20th, 2018.

All applications can be mailed to:
The Faith Hope and Love Foundation
Attn: 2017 College Scholarship Committee
PO Box 64
Laconia, NH
03247

*Applications that are incomplete or postmarked after January 20th, 2018 will not be accepted.

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I certify the information provided in or attached to this application is complete, accurate, and up-to-date on the date specified below. I further certify that there are no willful misrepresentations, false information, or omissions of fact with respect to any of my answers or above statements. I understand that if any false, misrepresented, or omitted information is discovered my application may be rejected.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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