



Name: _____ Date: _____

Address: _____ City: _____ State: _____

Check the activities below you wish to be considered for scholarship funding:

Softball/Baseball (\$140) _____ Sled Hockey (\$250) _____ Track (\$140) _____ Basketball (\$50) _____
Soccer (\$50) _____ Theatre (\$140) _____ Equipment Rental (\$15/WK) _____ Other _____

Please provide a brief explanation of why you are applying for scholarship assistance (lost job, decrease in job hours, unexpected medical bills, etc.)

Would you be willing to assist HOPE, Inc. by fundraising or volunteering to offset the costs of activity fees?

Thank you for completing the scholarship application!
Please submit completed application to Office & Program Manager, Kelly Buhr, kelly@hopeinc.org
All applications are kept confidential and will be reviewed by HOPE, Inc. Board Members.