



**Hanover Charities**

...A non-profit organization...  
...Raising funds for needy causes since 1957...

**Scholarship Application Checklist**

*\*Please note that scholarships are available only to residents of Hanover Parish, Jamaica.*

**To be considered, please send us the following information and documents:**

- \_\_\_ Completed and signed application form
- \_\_\_ Official transcripts for previous school year
- \_\_\_ Current transcripts with mid-term grades
- \_\_\_ Letter of recommendation from teacher, principal, or headmaster of your school
- \_\_\_ Financial status
- \_\_\_ Acceptance letter from school you wish to attend
- \_\_\_ Essay: In 500 words or less, clearly explain how this scholarship will assist you in achieving your career dreams and goals.

**Please email, hand-deliver or fax COMPLETED scholarship application by April 15, 2012 to Katrin Casserly, Chair, Hanover Charities. C/o Round Hill Gift Shop & Boutique, fax number 956.7505 or email to [katrin@hanovercharities.com](mailto:katrin@hanovercharities.com).**

Date Submitted: \_\_\_\_\_

Name (Last, First) \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Circle one: Male/Female

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

First time applicant? Yes/No

*If new applicant:* Institution : \_\_\_\_\_ Present Year: \_\_\_\_\_

Degree to pursue/pursuing: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

*If received before:* Name of Institution: \_\_\_\_\_ Present year: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ How many times award received? \_\_\_\_\_

Amount each time (please list): \_\_\_\_\_

**OFFICIAL USE ONLY**

Reviewed by: \_\_\_\_\_ Recommended? \_\_\_\_\_

Comments: \_\_\_\_\_ Award/Denial letter sent? \_\_\_\_\_

**Scholarship Application - Hanover Charities**

***PERSONAL INFORMATION***

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

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth (Town, Parish): \_\_\_\_\_

Current address: \_\_\_\_\_

Town, Parish: \_\_\_\_\_

Parents / Guardian Name: \_\_\_\_\_

Parents / Guardian phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Please provide us with the best way to contact you:

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

***EDUCATIONAL INFORMATION***

High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

College / University (*Please check one:*    \_\_\_ *currently attending*    \_\_\_ *to attend?*):

\_\_\_\_\_

Field of Study: \_\_\_\_\_ GPA: \_\_\_\_\_

Year in college: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Living arrangement: \_\_\_ On Campus \_\_\_ Off Campus \_\_\_ Commuting from Home

School fees per year: \_\_\_\_\_

Additional Fees: \_\_\_\_\_

Please list any scholarships and grants currently receiving and amount: \_\_\_\_\_

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**FINANCIAL INFORMATION**

Who supports you at this time? \_\_\_\_\_

Who is their employer/ position held? \_\_\_\_\_

Estimated income: \_\_\_\_\_

Have you applied to other institutions for a scholarship? \_\_\_\_\_

Amount requested: \_\_\_\_\_ Amount received: \_\_\_\_\_

Please also describe any plans for paying the balance of school fees NOT provided for by scholarships or grants: \_\_\_\_\_

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

**WORK HISTORY**

Please list any work experience you have had:

Position/ Employer:	Dates of employment:	Hours/week:	Salary:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER INCOME**

Please list any other sources of income not listed above:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

**HONORS RECEIVED**

Please list any awards or honors you have received: \_\_\_\_\_

**OTHER SCHOOL/CHURCH/VOLUNTEER ACTIVITIES**

Please provide us with information on other activities you participate in; for example, singing in a church choir or volunteering in school library: \_\_\_\_\_

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**SPECIAL CIRCUMSTANCES**

Please describe any special circumstances to which the scholarship committee should be made aware: \_\_\_\_\_

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*The information provided above is true and accurate to the best of my knowledge. If requested, I will provide additional documentation to support the information provided on this application. PLEASE NOTE: Falsification of any information on this document will result in immediate termination of any award granted.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name (please print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *ESSAY*

FOR FIRST TIME SCHOLARS: In 500 words or less essay format, clearly explain how this scholarship will assist you in achieving your career dreams and goals. Essays MUST be typed or printed neatly and submitted with completed application information. IF YOU HAVE RECEIVED A HC SCHOLARSHIP BEFORE, please use this area to describe how this scholarship has assisted you in this academic year – in 500 words or less, essay format.