

Amanda's Hope Scholarship Application

First Name _____ Last Name _____

Home Address _____ High School _____

School Address _____

Please include two letters of recommendation. At least one letter should be from a teacher, coach, counselor, or school administrator. _____

Phone _____ Graduation Date _____

Please include the following documents with your submission:

1. A typed essay detailing the impact that cancer or a blood disorder has had on your life. Describe your education and career goals and how this scholarship will help you reach those goals.
2. A list of any volunteer, community service experience, or leadership roles you have accomplished during your high school career.
3. A copy of your high school transcript.
4. Two letters of recommendation. At least one letter should be from a teacher, coach, counselor, or school administrator.

Mail your completed application with the above documents to: Amanda's Hope Scholarship
PO Box 462
Tyrone, GA 3290

Thank you for applying for the Amanda's Hope Scholarship.