

## Hope Starts Here Scholarships

### ELIGIBILITY

To be eligible for the scholarship, applicants must meet the following criteria:

1. Applicant must be under the age of 21 prior to the application due date;
2. Applicant must be residing in New Hampshire at the time of applying for the scholarship;
3. Applicant must be actively pursuing post-secondary education;
4. Applicant must have experienced homelessness at some point during their school career. Parameters on homeless status are defined by the McKinney-Vento Homeless Education Act.

According to the federal McKinney-Vento Homeless Education Act, a person is considered homeless who “lacks a fixed, regular, and adequate night-time residence.” This includes people living in shelters, cars, motels/hotels, campgrounds or places not meant for human habitation. The definition includes children and youth who are living with friends or relatives temporarily (doubled-up or sharing the housing of others) because they lack permanent housing.

### HOW TO APPLY

Applicants will be evaluated on each component of their submission. All applicants are to submit the following:

1. Complete application form (application forms are available online at [www.nhceh.org/scholarship](http://www.nhceh.org/scholarship)).
2. A personal essay (500 - 1,000 words, double spaced) that address the following questions:
  - How did homelessness impact your educational aspirations? How did you maintain your efforts in education while experiencing homeless?
  - How many times have you been homeless and for how long?
  - What are your future educational goals and how will this scholarship help you to accomplish those goals? Specifically, how would you use this scholarship, if awarded?
  - What are your long-term professional goals and career interests?
3. An official school transcript, include class ranking if available. If there are any barriers to obtaining an official school transcript, please contact us at [info@nhceh.org](mailto:info@nhceh.org)
4. A letter from a local homeless education liaison, school official, outreach worker, shelter provider, religious leader, or other homeless service provider, confirming current or former homeless status.
5. A minimum of one letter of recommendation from a teacher, counselor or other adult (not related) that can speak to the applicant’s qualifications and experiences.

NOTE: If selected for a scholarship award, you will be required to provide proof of post secondary school or program enrollment prior to release of scholarship funds.

### **APPLICATIONS MUST BE SUBMITTED BY MAY 15, 2024**

Complete this application and email to [info@nhceh.org](mailto:info@nhceh.org) or mail to:

NH Coalition to End Homelessness

ATTN: Hope Starts Here Scholarship

66 Hanover Street #200, Manchester, NH 03101

***Notification of Award(s) will be sent by July 2024***

## 2024 Hope Starts Here Scholarship Application

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide the name of a contact person who can be reached in the event we are unable to reach you.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### SCHOOL INFORMATION

Have you already applied to college or an institute for post-secondary education?  Yes  No

If yes, which college/institution are you planning to attend? (If you are undecided, please list up to 3 college/institution choices)

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

What is your anticipated major? \_\_\_\_\_

Estimated annual tuition (total): \_\_\_\_\_

Confirmed grants & scholarships: \_\_\_\_\_

Estimated remaining balances: Loans - \_\_\_\_\_

Other - \_\_\_\_\_

Additional educational expenses (books, software, etc): \_\_\_\_\_

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

What other scholarships have you applied for or anticipate applying for? \_\_\_\_\_

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

How did you hear about this scholarship?  Email  Families in Transition Employee  Family/Friend  Flyer/Poster

Mail/Letter  Online Search  Website  Other: \_\_\_\_\_

By initialing here, I consent to NHCEH providing my application to Families in Transition to be considered for their scholarship program for students who have experienced homelessness if I am not awarded a Hope Starts Here scholarship: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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