



Ladder of Hope Scholarship Application
2605 S. Onieda St. Suite 106
Green Bay, WI 54304
Phone: 920.498.3737
Fax: 920.498.3738

SCHOLARSHIPS:

Two scholarships will be awarded. Each in the amount of Five Hundred Dollars (\$500), for either part-time or full-time students.

BASIC INSTRUCTIONS:

1. Application forms are available at www.ics-gb.org and at the ICS office.
2. Complete all questions. Failure to complete all questions will result in your application not being accepted.
3. Return completed applications to ICS at 2605 S. Oneida St Suite 106 Green Bay, WI, 54304, or via email to mackenziere@ics-gb.org. Applications must be received by May 1, 2017 to be considered. Winning applicants will be notified mid-May 2017.
4. Applicants must be participants or household members of Brown County Housing Authority Housing Choice Voucher Program.

PROGRAM REQUIREMENTS:

1. Applicant must be in attendance at any Public or Private educational institution in the State of Wisconsin offering an associate or undergraduate degree or certificate, or be a graduating High School Senior.
2. Applicant must meet full-time student requirements as defined by having 12 or more credits per semester or part-time student requirements as defined by having 6 or more credits per semester.
3. Applicant must submit an essay of 250-500 words on how you will benefit from this scholarship with this application.
4. Applicant must provide two (2) letters of recommendation from a non-related person with the application.
5. Applicant must provide verification that they will be attending an educational institution in fall 2017.



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Student Name: _____ Parent/Guardian Name (if minor) : _____

Do you currently live in a home that receives Housing Assistance?: _____

Address: _____ City/State/ZIP code: _____

Phone Number: _____ Email address: _____

Date of Application: _____ Is the student a United States citizen? (circle one): Yes No

Name of College/University: _____ Are you currently enrolled? (circle one): Yes No

Academic Year of Study: _____ Field of Study: _____

Please describe your Education Goals:

Please describe your Career Objectives:

Please refer to the instructions page regarding the Personal Statement and attach it to this application.

I, _____, certify that the statements contained herein are true and may be shared with the Scholarship Selection Committee(s) and Scholarship Donors.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if minor): _____ Date: _____

ICS LoH Use Only:

Approval of Scholarship Award? Yes No

Executive Director Signature: _____ Date: _____