



2605 S. Oneida St. Suite 106, Green Bay, WI 54304

Phone: 920.498.3737

Ladder of Hope Scholarship Application

SCHOLARSHIPS:

Four scholarships will be awarded. Each in the amount of Five Hundred Dollars (\$500).

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 Scholarship Committee, 2605 S. Oneida St., Suite 106, Green Bay, WI, 54304, or via email to loride@ics-gb.org. Applications must be received by May 25, 2018 to be considered. Winning applicants will be notified by June 8, 2018.
4. Applicants must be current participants or household members of Brown County Housing Authority Housing Choice Voucher Program or currently on a government subsidized program.

PROGRAM REQUIREMENTS:

1. Applicant* must be in attendance at any Public or Private educational institution in the State of Wisconsin offering an Associate Degree, Certificate, or an Undergraduate Degree, or be a graduating High School Senior.
2. Applicant must submit an essay of 250-500 words on how if you were to receive this scholarship it will make a difference in your life and how you will benefit from it.
3. Applicant must provide two (2) letters of recommendation from a non-related person with the application.
4. Applicant must provide verification that they will be attending an educational institution in fall 2018.

*ICS employees and their immediate families are not eligible to participate.



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

Do you currently live in a home that receives Housing Assistance through the Housing Choice Voucher Program or any other government subsidized assistance? (circle one): Yes No

Address: _____ City/State/ZIP code: _____

Phone Number: _____ Email address: _____

Date of Application: _____ Are you a United States citizen? (circle one): Yes No

College/University Name: _____ 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 required Essay, Recommendation Letters, and Verification of Enrollment and attach them to this application at time of submission.

I, _____, certify that the statements contained herein are true and may be shared with the Scholarship Selection Committee 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: _____