

Ladder of Hope 2019 Scholarship Application – Sponsored by AK Crust

SCHOLARSHIP:

One scholarship will be awarded in the amount of Two Thousand Dollars (\$2,000).

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 application 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 24, 2019 to be considered. Winning applicant will be notified by June 7, 2019.
4. Applicant must be a current participant or household member of the Brown County Housing Authority's Housing Choice Voucher Program or currently receiving another form(s) of government subsidized assistance.
Examples: Energy Assistance, Badger Care, Food Share, Medicaid, WI Shares Child Care Subsidy, etc. Current verification documentation must be provided.

PROGRAM REQUIREMENTS:

1. Applicant* must be in attendance at any Public or Private educational institution in Wisconsin offering an Associate Degree or an Undergraduate Degree.
2. Applicant must submit an essay indicating 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 2019.
5. Applicant must provide current documentation verifying the government program(s) being utilized.

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



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Student Name: _____

Parent/Guardian Name (if minor): _____

To be eligible, confirm you currently live in a residence that receives Housing Assistance through the Housing Choice Voucher Program or that you are receiving another form(s) of government subsidized assistance. (Circle one): Yes No Provide Name of Program(s):

Street Address: _____

City/State/ZIP code: _____

Phone Number: _____ Email address: _____

Date of Application: _____ Name of College/University you are enrolled in for the Fall 2019 Semester: _____

Academic Year of Study: _____ Field of Study: _____

Please describe your Education Goals: (Attach a separate page if additional room is needed.)

Please describe your Career Objectives: (Attach a separate page if additional room is needed.)

Please refer to the instructions page regarding the required Essay, Recommendation Letters, Proof of Program Participation, 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. If I am awarded the scholarship I give permission to ICS to share my story and photos to further the Ladder of Hope Mission.

Student Signature: _____ Date: _____

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

ICS LOH Use Only:

Approval of Scholarship Award? Yes No

Executive Director Signature: _____ Date: _____