



## Jeanette Cartwright Memorial Scholarship - 2026 Student Application

---

Please use the following checklist as a guide to the requirements for completing your application to provide financial assistance to individuals enrolled at an academic, vocational, or technical school or post-secondary studies.

Application must be post-dated by **March 13, 2026**.

Please mail your completed application to:

H.O.P.E.

P.O. Box 279

Stewartstown, PA 17363

Refer to application process below for instructions to submit your scholarship application and a list of the supporting documents needed. Incomplete applications will not be considered.

- Complete Paper Application (*Make sure pages 2,3 & 4 are attached when submitting.*)

**NOTE:** EVERY page should be single sided.

Do NOT staple pages together.

Please use large 9 x 12 envelope to mail.

Please make sure your name is on every page where indicated.

- Requirements of eligibility: 1. Must be current High School Senior  
2. Has an **immediate family member** diagnosed with cancer or one who has recently lost an **immediate family member** to cancer.

**NOTE: Immediate Family Member: Relative-Mom, Dad, Grandparents, Siblings who lives or lived in the same home with you.**

- Submit a brief narrative summarizing the following ideas:
- What you aspire to do when you complete your education
  - Why you are applying for this scholarship
  - How the cancer diagnosis has impacted your life
  - Any significant facts about you or your family's story

- 3 Letters of Recommendation

- Copy of High School Transcript

# Jeanette Cartwright Memorial Scholarship

## Student Application (page 2 of 4)

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State ZIP

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

### Family Information

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Parents are:  Unmarried  Married  Separated  Divorced

Father Disabled  Father Deceased

Mother Disabled  Mother Deceased

Father's Occupation: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Siblings in Household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Immediate Family Member Diagnosed with Cancer:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Does/Did this family member reside in your home?  Yes  No

# Jeanette Cartwright Memorial Scholarship

Student Application Continued (page 3 of 4)

Student's Name: \_\_\_\_\_

## High School Education & Activities

Name of High School: \_\_\_\_\_

Extracurricular Activities and Honors:

---

---

---

---

---

---

---

---

Favorite Subjects:

---

---

---

## College Planning

What college or post-secondary school do you plan to attend?

---

What is the status of your application?  Accepted  In Process

Anticipated Expenses: Tuition & Fees: \$ \_\_\_\_\_

Room & Board: \$ \_\_\_\_\_

Other Expenses: \$ \_\_\_\_\_

# Jeanette Cartwright Memorial Scholarship

Student Application Continued (page 4 of 4)

Student's Name: \_\_\_\_\_

## Student's Contribution to Education

Do you have a part-time job?  Yes . . . Name of Employer: \_\_\_\_\_

No . . . Do you plan to work this summer?  Yes  No

Other sources of financial aid you have applied for:

---

---

---

---

It is understood that the Jeanette Cartwright Memorial Scholarship is gifted only if the first year of post-secondary education is completed. The scholarship must be considered a loan and repaid if the first year is not completed, unless prior approval is granted by H.O.P.E.'s Board of Directors. Proof of completion of the first year of post-secondary education can be provided with a copy of that year's college transcript. Please mail transcript to:

H.O.P.E.  
P.O. Box 279  
Stewartstown, PA 17363

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_