

# HELPING HANDS BOOK SCHOLARSHIP PROGRAM

**Send Application To:** 

Scholarship Director, Helping Hands, 4480-H South Cobb Drive, PMB 435, Smyrna, GA 30080

#### Dear Scholarship Applicant:

Thank you for your interest in the Helping Hands Book Scholarship Program. This program is administered by the Helping Hands Foundation, a national non-profit, student-aid organization. Every complete application received by the required deadline will be given a fair and careful evaluation. Awards are given without regard to race, color, creed, religion, sex, disability or national origin. All information will be held in strict confidence by the HHF. All applications become the property of HHF and cannot be returned.

**Carefully review your completed application before it is submitted.** The HHF reserves the right to process only those applications found to be complete by the application postmark deadlines. YOU ARE RESPONSIBLE FOR SUBMITTING ALL REQUIRED INFORMATION IN ONE COMPLETE PACKAGE. Guidelines and application follow:

### **Guidelines & Application**

The Helping Hands Book Scholarship Program was created to assist students with the high cost of textbooks & study materials. Awards are open to individuals ages 16 & over who are planning to attend or are currently attending a 2-year or 4-year college or university, or a technical/vocational institution. Up to 50 awards are made annually. Students may reapply each semester.

## **Application Process**

Applicants must send

- a completed application or Resume
- a high school or college transcript of grades (both official & unofficial accepted), along with
- a \$5 application fee (check or money order) [Note: This scholarship is not a "scam." All of our fundraising goes toward scholarship awards. We do have a nominal fee to assist with administrative support, marketing, website maintenance and processing. If there are surplus funds at the end of the scholarship period, they are funneled directly into the awards bank. Thank you in advance for understanding.]

#### Applications must be received by the following schedule:

Fall: Application must be postmarked July 15th for the upcoming fall semester.

Spring: Application must be postmarked by December 15th for the upcoming winter semester.

# **Selection Process & Notification**

Scholarship recipients are selected according to merit on a competitive basis. In addition, applicants must demonstrate career and academic potential measured by a combination of factors, including past performance and career objectives. The number of scholarships awarded will be based on the HHF selection procedures and available funds. Not all applicants will receive awards. Although the committee would love to inform all applicants of their status, unfortunately this is not feasible. Only scholarship finalists will be contacted by the selection committee.

# Award & Payment

The Helping Hands stipend is a one-time award amount of \$100- \$1000 each semester. Awards may be used in any year, but are non-renewable. Awards are paid in one installment, and mailed to the student's home address at least 2 weeks prior to the upcoming semester. Checks are payable to the recipient.

#### Revision Policy

The general conditions and procedures under which scholarships are made are subject to periodic review by the Helping Hands Foundation, including termination of the program.

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	CTION 1- APPLIC	CANT INFORMAT	IION		
Name (Last, First, Middle)					
Permanent Address					
City	State/Province		Zip/Postal Code		
Telephone Number					
ate of Birth		Gender (Circle One)	MALE	FEMALE	
Social Security Number		Name of Parents			
SECTION 2- HIGH SCHOOL INFORMATION					
School Name		Principal			
Address					
City	State/Province		Zip/Postal Code		
Telephone Number	Graduation Date		<u> </u>		
	POST SECONDA	ARY SCHOOL IN	IFORMATION	ON	
Name of the School You Plan to Attend (if unknown, please name	e your 1 <sup>st</sup> preference)				
School Name	Subject Areas Planning to Pur		sue		
Address					
City	State/Province		Zip/Postal Code		
Will Be Attending (Check One)  Graduate School  4-year College  Community/Junior College to earn an associate's degree  Community/Junior College, transferring to a 4-year college  Vocational/technical institution		Enrollment Status: (Check One)  Accepted Pending Enrolled			
Anticipated Graduation Date		Credit Load (Check One)  Part-time  Part-time			
SECTION 4- EDUCATIONAL PLANS		Write a BRIEF statement of 500 words or less describing your educational plans a they relate to your career objectives & why you feel HH's scholarship will help you achieve these goals. Please feel free to attach an additional sheet.			
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SECTION 5- STUDENT AFFADAVIT  In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. I understand that falsification of information may result in termination of any scholarship granted and that this application becomes the property of the Helping Hands Scholarship Foundation
understand that falsification of information may result in termination of any scholarship granted and that this application becomes the property of the Helping Hands Scholarship Foundation Applicant's Signature
Date
How did you hear about the scholarship program?