

Application for Nonprofit Fund a Need Scholarship

Applicant Information:

- **Name:**
 - **Address:**
 - **Email:**
 - **Phone Number:**
 - **Date of Birth:**
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Background:

Please provide a brief background about yourself. Include any challenges you are experiencing, and how these issues have impacted your ability to manage certain aspects of daily life. What have you already done to address these concerns? Share if you have recently been tested or diagnosed with cognitive decline by a medical professional. (500 words maximum)

Financial Need:

Describe why you are seeking financial assistance. Please include information about any scholarships, grants, loans, or other financial aid you currently receive or have applied for. (250 words maximum)

Statement of Understanding:

By signing below, I acknowledge that the information provided in this application is true and accurate to the best of my knowledge. I understand that incomplete applications will not be considered.

Applicant Signature:

Date:

Submission Instructions:

We are pleased to announce that scholarship applications will be accepted on an open basis and reviewed monthly. Applicants will be contacted if the request is approved. Please note that applications need to be submitted only once each year. Please submit your completed application and any supporting documents to sherri@thenightofhope.com.

Thank you for your interest in our Fund a Need program. We look forward to receiving your application.

Contact Information:

For questions or more information about this scholarship opportunity, please contact Sherri Lewis, Chief Operating Officer with Night of Hope at sherri@thenightofhope.com.

Thank you for your interest in our scholarship program. We look forward to reviewing your application and wish you the best of luck.