

# United in Hope Scholarship

## Criteria for Scholarship Consideration:

- Loss of Parent to Cancer
- Attends High School in Fairfield or Westport, CT or Resides in Westport or Fairfield, CT and attends school elsewhere
- Character of Applicant
- Academic Goals and Performance
- Financial Need (Need is not a requirement to receive a scholarship award but need is factored into the award amount.)
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- **Applicants Must Include the Following to be Considered for Scholarship:**
- Completed Application
- Latest School Transcript from High School
- Most Recent Tax return of Applicant's Parent/Guardian (Social Security Numbers blacked out)
- Letter of Recommendation from Non-Related Adult
- Death Certificate or Pertinent Documentation
- Application Verification and Signed Publicity Release
- Recent Photograph of Applicant

**ALL APPLICATIONS AND SUPPORTING DOCUMENTATION MUST BE E-MAILED OR POSTMARKED BY MAY 21, 2024, FOR CONSIDERATION. SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED SHORTLY THEREAFTER OF THEIR SCHOLARSHIP AWARD.**

**Email application and supporting documentation to: [info@cajfoundation.org](mailto:info@cajfoundation.org) or Mail to: Karen Jacobs, 6 Sleigh Ridge, Westport, CT 06880. Attn: United in Hope Scholarship. Please contact Karen at 203-247-2133 if you have additional questions/concerns.**

The United in Hope Scholarship is funded by the Chad A. Jacobs Memorial Foundation ("CAJF") and was created in memory of Chad and his dear friend John Flanagan. Chad and John were lifelong friends who met at Fairfield Prep and started ICR, a financial communications firm, in 1996, with Prep alumni Tom Ryan. John passed away in 2008 shortly after being diagnosed with cancer. John left behind his wife, Amanda, and three young children, Emma, Bridget and Jack. Chad passed away 16 months later, in 2010, also from cancer. Chad left behind his wife, Karen, and his two children, Taylor and Mac. Losing a parent to cancer is devastating enough, the financial burden often incurred by this disease and the death of a parent can be debilitating. It is our goal that the United in Hope Scholarship will help offset the costs of higher education for students who lost a parent to cancer and give families hope for the future.

CAJF's mission is to provide academic and athletic scholarships to families in financial need from the surrounding community. [www.cajfoundation.org](http://www.cajfoundation.org). It is a registered 501(c)(3) non-profit charitable organization.

# United in Hope Scholarship

Sponsored by the Chad A. Jacobs Memorial Foundation

**Section A: Applicant information**

**Section B: Family Information**

**Section C: Financial Information**

**Section D: Transcript**

**Section E: Essay**

**Section F: Deceased Parent Documentation**

**Section G: References**

**Section H: Picture of Applicant**

**Section I: Application Verification and Publicity Authorization**

Applications submitted that are missing sections, incomplete or submitted after the deadline will not be considered by the selection committee. **Deadline for Application Submission is May 21, 2024.**

**SECTION A: Applicant Information**

Name: \_\_\_\_\_  
Last First Middle

Male/Female: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address (**personal and school** email address, please):  
\_\_\_\_\_

High School Currently Attending: \_\_\_\_\_

Extra-Curricular Activities involved in while attending High School: (List activity and dates involved in.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/Interests:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment: (List summer and/or part-time job(s) including dates and average number of hours worked per week.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the School you will be Attending in the Fall of 2023: (If unknown, list schools you have applied to):  
Please indicate if school is a 2- or 4-year program, technical or trade school, and whether you plan on attending full- or part-time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section B: Family Information**

Surviving Parent's/Guardian's Name: \_\_\_\_\_

Surviving Parent's /Guardian's Email Address and Cell Phone Number:  
\_\_\_\_\_

Deceased Parent's Name: \_\_\_\_\_

List Siblings (if any) and their Age, Grade in School, School Currently Attending, or Occupation and where they Reside:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C: Financial Information**

Surviving Parent's/Guardian's Occupation: \_\_\_\_\_

Surviving Parent's/Guardian's Annual Income: \_\_\_\_\_

\*Please attach the first two pages of their most recent 1040 tax forms. **Note: Social Security numbers should be blacked out.**

Does your Parent/Guardian Own their Home? \_\_\_\_\_

Net Worth of Parent/Guardian: \_\_\_\_\_

Applicant's Annual Income (Tax Return may be Requested): \_\_\_\_\_

Net Worth of Applicant: \_\_\_\_\_

List any Extraordinary or Unusual Expenses that You or your Family Incurs: \_\_\_\_\_

Anticipated Educational Expenses for the Coming Year:

Tuition: \_\_\_\_\_

Room and Board: \_\_\_\_\_

Books and Supplies: \_\_\_\_\_

Travel: \_\_\_\_\_

TOTAL: \_\_\_\_\_

Amount of Financial Support You Expect From:

Parent/Guardian:	_____
Relatives:	_____
Scholarships:	_____
Loans:	_____
Self:	_____
Other:	_____
TOTAL:	_____

**Section D: Transcript**

Please Attach a Copy of Your Most Current Transcript to this Application.

**Section E: Essay**

Please Attach a Typed Written Essay LIMITED to 500 Words or Less that Explains How the Death of Your Parent has Shaped Who You are Today.

**Section F: Deceased Parent Documentation**

Please Attach a Copy of Your Deceased Parent’s Certificate of Death. (If cancer is not listed on the death certificate, please provide documentation of cancer diagnosis or treatment.)

**Section G: References**

Please have an **Unrelated** Adult Write a Character Reference on Your Behalf— e.g., Coach, Teacher, Guidance Counselor, or Family Friend. Please have them send it directly to: Karen Jacobs, 6 Sleigh Ridge, Westport, CT 06880.

**Section H: Picture of Applicant Please**

Attach a Current Picture of Yourself.

**Section I: Application Verification and Publicity Authorization**

**Application Verification**

We have read and certify that the information provided herein is complete, correct and truthful.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

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

Print Parent/ Guardian Name: \_\_\_\_\_

**Publicity Authorization**

The recipient of the United in Hope Scholarship understands that receiving such a grant may result in publicity, and hereby authorizes the Chad A. Jacobs Memorial Foundation (“CAJF”) to publicize or use the recipient’s name and/or photograph now, or in the future, in their promotional material.

The recipient hereby releases and holds harmless CAJF from any, and all, liabilities, damages or claims of any kind resulting from the use, distribution or disclosure of the recipient’s name and or photograph or other information regarding the recipient.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Send or Email completed application, postmarked no later than May 21, 2024 to:**

**Karen Jacobs  
6 Sleigh Ridge  
Westport, CT 06880  
Attn: United in Hope Scholarship  
OR  
Email: [info@cajfoundation.org](mailto:info@cajfoundation.org).**

**If you have any questions or have not heard from us, please call Karen at 203-247-2133.**