

# United in Hope Scholarship

Offered 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 23, 2025.**

**SECTION A: Applicant Information**

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

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

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

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

Email Address (school and person, 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 2025: (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 or not 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), Age, Grade in School, School Currently Attending or Occupation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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? \_\_\_\_\_

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

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

Estimated 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.

**(Application continued on next page)**

**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”) and/or the John Patrick Flanagan Foundation (“JPFF”) to publicize or use the recipient’s name and/or photograph, now or in the future, in promotional material involved in their respective foundations.

The recipient hereby releases and holds harmless CAJF and JPFF 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 23, 2025 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.**