



Post Office Box 194  
Abingdon, Maryland 21009  
hczhopefoundation@zphib1920oxz.org

**December 2022**

## **DOLORES H. JANIFER MEMORIAL SCHOLARSHIP**

1. The scholarship is open to U.S. citizens and legal permanent residents only.
2. The scholarship is open to Harford County high school graduates who are pursuing a college degree or a certificate from an accredited technical school. Applicants may be current high school seniors or current college/technical school students.
3. Applicants will be judged on three elements: Scholarship, Character, and Financial Need.
4. **The following items comprise a complete application:**
  - (a) Completed application with all applicable signatures;
  - (b) A personal essay written by the student applicant;
  - (c) A certified transcript in a school-sealed, school-stamped envelope; and
  - (d) Three (3) letters of recommendation each in writer-sealed, writer-signature envelopes. **(Letters from family members will not be accepted.)**
5. Applicants may be interviewed at the discretion of the Scholarship Committee.
6. Completed applications must be mailed to: Harford County Z-HOPE Foundation, **ATTN: Scholarship Committee**, P.O. Box 194, Abingdon, Maryland 21009.
7. Completed applications and supporting documents must be received by the Scholarship Committee, in one package, via postage mail no later than **February 28, 2023**.
8. **Incomplete applications will not be considered. It is the applicant's responsibility to ensure a completed application is submitted to the Scholarship Committee by the deadline.**
9. Scholarship awards are non-renewable grants made payable to the student applicant upon receipt of confirmation of enrollment and satisfaction of all terms in the application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under age 18) \_\_\_\_\_

Signature of Parent/Guardian (if under age 18) \_\_\_\_\_

**A. PERSONAL INFORMATION (please print clearly)**

Name		
First	MI	Last
Street Address		
City	State	ZIP
Telephone No.		
Date of Birth	U.S. Citizen / Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	

**B. FAMILY INFORMATION (please print clearly)**

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

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Employer(s) \_\_\_\_\_

How many brothers and sisters do you have living in your home? \_\_\_\_\_

How many brothers and sisters do you have attending a college or technical school? \_\_\_\_\_

**C. SCHOOL INFORMATION (please print clearly)**

Name of school you are currently attending \_\_\_\_\_  
(Do not abbreviate)

Address of school you are currently attending \_\_\_\_\_

Name of school guidance counselor or advisor \_\_\_\_\_

**D. COMMUNITY AND EXTRA CURRICULAR ACTIVITIES (please print clearly)**

List community and extracurricular activities in which you have participated during the past four (4) years. List the leadership position(s) you held. Attach additional sheets, as necessary.

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**E. WORK EXPERIENCE (please print clearly)**

Name of Current Employer \_\_\_\_\_

Address of Current Employer \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Name of Past Employer \_\_\_\_\_

Address of Past Employer \_\_\_\_\_

Position(s) Held in Past Employment \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

**F. FINANCIAL INFORMATION (please print clearly)**

Total Annual Household Income \$ \_\_\_\_\_

1. Estimate of funds needed to support your program for the academic year \$ \_\_\_\_\_

a. Estimated Funding:

Parents \$ \_\_\_\_\_

Earnings/Savings \$ \_\_\_\_\_

Scholarships \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Grants \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

b. School Budget:

Tuition Cost \$ \_\_\_\_\_

Room \$ \_\_\_\_\_

Board \$ \_\_\_\_\_

Books/Supplies \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

Other (Specify) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

2. List sources and amounts of other financial aid you expect to apply for or will receive (grants/fellowships/scholarships)

a. \_\_\_\_\_

c. \_\_\_\_\_

b. \_\_\_\_\_

d. \_\_\_\_\_

**G. EDUCATIONAL ASPIRATIONS (please print clearly)**

List colleges or technical schools to which you have applied.

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List colleges or technical schools to which you have been accepted. (Include a copy of your acceptance letter.)

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Which school are you planning to attend? \_\_\_\_\_

What degree or skill do you expect to obtain? \_\_\_\_\_

**H. PERSONAL ESSAY**

Write a personal narrative answering **EACH** of the following questions:

- [1] What are your expectations for college life?
- [2] What was your most challenging experience in high school?
- [3] What was your greatest achievement in high school?

**Your essay must be double-spaced, using Times New Roman in font size 12, and must not exceed two (2) pages.**

**I. REFERENCES**

List below the names of three (3) people who will write confidentially about your character (*do not list relatives*). **Letters of Reference should be no more than three (3) months old, and should include statements related to your academic ability and your leadership qualities/experience.**

	Name	Position	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**\* Submit three (3) separate ORIGINAL letters of reference with your application.**

**J. TRANSCRIPT**

Submit a certified transcript in a school-sealed, school-stamped envelope.

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**THE SCHOLARSHIP COMMITTEE MUST RECEIVE COMPLETED APPLICATIONS NO LATER THAN FEBRUARY 28, 2023. APPLICATIONS MUST BE MAILED TO:**

**Harford County Z-HOPE Foundation, Inc.  
ATTN: Scholarship Committee  
Post Office Box 194  
Abingdon, Maryland 21009**

By signing this application, I agree that all information typed, written or enclosed is true and accurate to the best of my knowledge, and that the essay is the work of the student applicant. If I am awarded a scholarship, I agree to (i) provide the Scholarship Committee with a photo in my cap and gown or formal drape/attire, and (ii) consent to publication of my name, photo, and school name as a recipient of a Dolores H. Janifer Memorial Scholarship.

\*Note: The information in this application will be used solely for the purposes of evaluating, announcing, and awarding scholarships. Applications may be submitted prior to receiving the acceptance letter; however, scholarship awards will not be made prior to subsequent submittal of the acceptance letter to the Scholarship Committee. No information in this application will be distributed in any manner to external parties.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if applicant is under age 18) \_\_\_\_\_

Signature of Parent/Guardian (if applicant is under age 18) \_\_\_\_\_