



2nd Annual 50 Shades of Pink



Breast Cancer/ Cancer Awareness Campaign SCHOLARSHIP PACKET

Greetings CAP- Advisor:

The “**McKay/ H.O.P.E. Advancement Group Inc. Scholarship**.” would like to award one (1) graduating senior of good moral character “in good standing” a \$500.00 (USD) Scholarship, and your school was recently selected by a respected Alumni. The pre-requisite(s) of the “**McKay/ H.O.P.E. Advancement Group Inc. Scholarship**” are:

1. A Graduating Senior of good moral character in good academic standing
2. Has incurred socio-economic hardship due to cancer related illness or loss of guardian or parent due to cancer.

As you strive to enable today’s youth in being stellar adults of tomorrow, the McKay/ H.O.P.E. Advancement Group Inc Scholarship aspires to aid you in your efforts of making Higher education more than a viable reality through fiscal support.

Upon receipt of the completed application, from the candidate, the candidate will be asked to attend a final interview accompanied by their guardian, during the interview the panel will request:

1. Provide proof of hardship (i.e., death certificate, doctors statement of guardian/ parent condition)
2. Expected to Sign “disclosure of information form” / Acknowledgement of Scholarship terms and conditions.

Deadline for submission is **February 4, 2022**. Selection of recipient will commence upon receipt with interviews commencing thereafter and will be announce **March 31, 2022**, of which the scholarship recipient/ C.A.P. Advisor(s) shall be contacted via email.

For your review and submittal, we have provided the “**McKay/ H.O.P.E. Advancement Group Inc. Scholarship**”- Packet.

Should you have any further inquiries please contact me directly, Ms. Maria A. Wimberly at 786-250-9945 or Mavis M. Hopper at 954-668-4228

Kind regards,

H.O.P.E. Advancement Group Inc

Ms. M. A. Wimberly/ Mavis M. Hopper
H.O.P.E. Advancement Group Inc.
hopeadvancementgroup@gmail.com
www.hopeadvancementgroup.org



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SCHOLARSHIP PACKET

ACKNOWLEDGEMENT OF REQUIREMENTS- to be completed at interview only

I, _____, do hereby acknowledge and agree to all requirements
(NAME OF APPLICANT & GUARDIAN)
indicated below.

_____/ _____ **REQUIREMENTS OF APPLICANT/ SCHOLARSHIP RECIPIENT:**

- MUST BE A GRADUATING SENIOR OF GOOD CHARACTER IN GOOD ACADEMIC STANDING
- MUST have been incurred a hardship - the loss/ absence of a parent/ guardian because of cancer.

_____/ _____ **SELECTION OF APPLICANT/ SCHOLARSHIP RECIPIENT:**

- Will be GRANTED to a graduating Senior of Miami Northwestern Senior High School
- Will be granted to a senior selected from **ONE** of each from the two remaining selected High School(s) listed below:

Miami Norland Senior High School (1) recipient

Miami Carol City Senior High School (1) recipient

MAXIMUM SCHOLARSHIPS AWARDED

please note **ONLY three** scholarships will be granted and scholarships are not reoccurring

Signature of Applicant

Date

Signature of Guardian

Date

Sworn this _____ day of _____, 20 _____, by _____, who is *personally known*

or *produced* _____, ID# _____.

NOTARY SIGNATURE

NOTARY SEAL



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SCHOLARSHIP PACKET

APPLICANT'S INFORMATION

NAME: _____

DATE OF BIRTH: _____

MDCPS- SCHOOL: _____

GUIDANCE COUNSELOR NAME: _____

G.P.A.: _____ CLASS RANK: _____

GROUPS/ ASSOCIATIONS: _____

HOBBIES/ INTERESTS: _____

ASPIRATIONS: _____

ADDRESS: _____

EMAIL: _____

CELLULAR PHONE: _____

COLLEGE(S) OF CHOICE: _____

MAJOR OF CHOICE: _____

OVERALL AMBITION(S): _____

PERSON WHO HAS INSPIRED YOU MOST : _____

BRIEFLY DESCRIBE YOU:
