

Community of Hope, Inc.

812 28th Avenue
Meridian, MS 39301

601-693-8073

Dear Parent and Prospective Hope Scholarship Program Participant:

Thank you for your interest in Community of Hope Inc.'s Hope Scholarship Program. The Hope Scholarship Program is an exciting way for students to gain valuable skills while providing an important service to our community.

We seek positive, responsible, enthusiastic students with an interest in learning about volunteerism and a need for assistance in academic and financial planning. Hope scholarship participants will be matched with a local organization to volunteer for 100 hours over a ten-month period. During this time, they will participate in a mentoring program, which will help them establish goals for college and foster a meaningful experience of working within one's community. Participants can earn a \$1000 scholarship that will be sent directly to the college upon proof of their enrollment.

To be considered for the Hope Scholarship Program, each student must send required paperwork to the COH Office postmarked no later than March 3, 2020 **All required paperwork must be returned as a packet (except for the reference letters which the reference should mail directly to COH). Incomplete packets will not be accepted.**

After the application materials have been reviewed, qualified applicants will be invited for an interview. All students will be notified by mail or phone following the interview of acceptance or non-acceptance. Students selected for the program will attend an orientation session tentatively scheduled for May 18, 2020. Parents are required to attend the orientation with their child because important information will be discussed.

If selected for the Hope Scholarship Program, candidates **may** be required to attend one day of training with the assigned organization before they begin their community service hours.

Enclosed you will find a Hope Scholarship Program qualifications description, an application form, a parent and participant agreement, and two reference forms. As stated above, the deadline for submitting these forms is March 3, 2020.

If you have any questions, please contact Lisa B. Mercer at (601) 678-6743.

All the Best,

Lisa Brookins Mercer

COH Director

Hope Scholarship Program Qualifications

Community of Hope, Inc. is excited to announce the start of its new program: The Hope Scholarship Program. Community of Hope is seeking rising juniors and seniors who are motivated individuals looking for a way to support their communities through volunteering while earning a scholarship for college.

A Hope Scholarship applicant is:

- Responsible Creative Honest Determined Open-minded Hard-working

As a Hope Scholarship participant, you will:

- Support the community through service.

- Accumulate community service hours required for many other scholarships.
- Earn a valuable reference for future academic and professional experiences.
- Learn about financial aid and what to expect during your college career.
- Have a support system as you research colleges and apply.
- Boost your résumé for college applications.
- Make new friends and have fun!

In order to be considered for the Hope Scholarship Program each applicant must:

Must be at least 15 years of age by the time the program begins in June.

- Be a rising junior or senior. Provide proof of a minimum 3.0 GPA with transcripts from school. Submit a completed application, including two forms of recommendation from a

academic reference (ex: teacher, counselor, etc.) and a character reference (family friend, pastor, employer, etc.) by April, 20 2012.

All Hope Scholarship applicants who are accepted must:

- Maintain a minimum 3.0 GPA throughout year of service.
- Attend an orientation session on May 18, 2020 with a parent or guardian.
- Be available for at least 2-4 hour time shifts when volunteering.
- Have no more than two unexcused absences during the duration of the program.
- Complete 100 hours of volunteer service in the 10-month period.
- Attend four educational workshops throughout the 10 months.
- Keep in contact with assigned mentors.

***Qualified, interested applicants should fill out the application on the following pages and mail it to Community of Hope, Inc., 812 28th Ave., Meridian, MS 39301 Attention: Lisa B. Mercer.**

Hope Scholarship Program Application and Questionnaire

Please read and complete this application carefully. Ask two adults (one academic and one, character reference) who know you well and are not related to you to complete a letter of recommendation and return it to COH in a signed, sealed envelope provided by you. Ask your school's registrar for a copy of your transcripts. In order to be considered for a position as a Hope Scholarship participant, your completed application (including this application form, your answers to the essay questions, and two recommendations) must be postmarked or received by March 3, 2020. Thank you for your application!

Personal information

Name _____ Date _____
Last First Middle Initial
Address _____
City _____ State _____ Zip _____
Participant's Home Phone: () _____
Participant's Cell Phone () _____
Participant's Email _____
School Name _____ Date of Birth ____/____/____ Age (current) _____
Grade (next year) _____ Are you a member of Jubilee Mennonite Church? Yes ___
No ___
Do you attend Meridian High School? Yes___ No___
Community of Hope Inc. reserves the right to request proof of age and current I.D.

Experience

Please list any past work or volunteer experience you have had below (i.e. conservation organization leadership, teacher aide, babysitting, pet-sitting, horse handler or spotter, etc.).

References

Please choose one academic reference and one- character reference who have known you longer than one (1) year who may be contacted. Give us the names, relationships, and phone numbers of the two non-related adult references you have chosen.

Name _____ Phone () _____
Address _____
Name _____ Phone () _____
Address _____

Volunteer Experience

Volunteer interest (Select all areas of interest that apply.)

I would like to work (with): Office environment____ Outdoor environment____ Children____
Teaching others____ Computers____ Organizing/sorting____ Customer service____ Other
(describe)_____ **Please number the organizations that you would be interested in
volunteering at and rate them with 1 being your top priority.**

I would like to work with: ____Pine Lake Camp ____Wesley house ____Love's Kitchen
____Other List other nonprofits you have an interest in working with

How might you complete 100 service hours? (i.e. -- do 15 hours/wk during the summer, or a certain number of hours on Saturdays, or an hour after school so many days a week?)

I would like to volunteer during Summer School year Both

Availability and Schedule (Indicate available time blocks) 2-4 hour shifts required. Day

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Saturday	Example		3pm-6pm		3pm-6pm
8am-12n					

Times _____

Essay Questions 1. As you consider a college education, what field of study currently interests you?

2. How do you plan to successfully complete a college degree? What challenges do you expect? How will you overcome these challenges?

3. Complete the following essay – one page, (approximately 300 words): How can community

service (volunteering) help your community? How can it help you?

**Feel free to attach extra pages if you need more room. Be sure to number your answers.*

Hope Scholarship Program Parent & Participant Agreement

We are pleased that you have expressed a desire to be a participant of the Community of Hope Scholarship Program. We are sure that you will have a rewarding and positive experience while serving your community. In order to ensure that this experience is a positive one, we would like to clarify our expectations of you as participant. Please review these guidelines and discuss them with your parent or guardian.

1. I understand that I am required to arrange transportation to and from organization they are serving. If they require a ride, they are expected to arrange pickup from the organization before the organization closes.
2. I understand I will enter into a mentoring relationship for a period of 10 months. I will be expected to receive advice and guidance from the mentor consistent with the values of COH and participating organizations.
3. I understand that I must complete 100 hours of volunteer work, maintain a 3.0 GPA, attend orientation, and participate in at least 4 educational workshops organized by COH.
4. I understand that during the school year, I may serve the organization up to four hours (2hr minimum) per day, with 8 hours per week maximum. During the summer, I may serve the organization up to 6 hours (2hr minimum) per day, with 16 hours per week maximum.
5. I understand that my schedule is due on no later than the 10th of every month. **All parents must sign the schedule before submitting it to the mentor and the organization.**
6. I understand that if I am going to be late for my scheduled shift, I must notify the organization and mentor at least two hours before my shift begins, or I may not be permitted to complete my community service at the organization for that day.
7. I understand that I am not permitted to bring friends or relatives with me to the organization when I am working.
8. I understand that I am not permitted to keep personal belongings, including cell phones, with me while I am working. The organization will provide a place to secure my belongings, or I leave my belonging in my car or home.
9. I understand that I am expected to dress appropriately when I am working at the organization. Shirts should have sleeves (no tank tops or spaghetti straps), and short shorts are not permitted. Girls may wear skirts that come at the knee. Denim jeans are fine, as long as they are fitted (and do not have visible holes, or tears.) Shoes should cover and protect the feet (no open toes sandals or flip-flops). Visible tattoos may be required to be covered and no facial piercing will be allowed. If I am not dressed appropriately for work, I will be sent home, and I will not be able to complete my service hours for that day.

10. I understand that the organization that I am assigned **may** have additional rules, guidelines, and training that I must follow in order to accumulate my community service hours.

11. I understand that the Community of Hope, Inc. has the right to end my association with the organization at any time, for any reason, with or without cause.

You may, as a parent or guardian, request that your child's participation cease. We ask that you inform Community of hope by contacting us by email communityofhope@ymail.com or standard mail~ 812 28th Avenue Meridian, MS 39301. If you request that we no longer accept your child's service, we will communicate this request to the participant's assigned organization and mentor.

Please complete the following information: As a participant, I agree to the above guidelines:

Volunteer Signature: _____ Date: _____

To be completed by a Parent or Guardian: In order for your teen to participate in the COH scholarship program, we must have your

written consent. Individual shift lengths and start times vary, but you will be provided with a final schedule each month. It is important that your teen arrive on time for their shifts and have reliable transportation. Your child will only be scheduled to work during times and days identified on their submitted availability documents. (All parents must sign before accepted for scheduling). I understand that missing training or shifts or repeated tardiness can result in termination from the program. I also give my consent for her/him to participate in the mentoring service portion of the program. The mentoring relationship includes help with academic work, accountability, and monitoring progress at organization site. The mentor will have contact with your child for the duration of the program.

I agree to the above guidelines and to allow my teenager to volunteer with Community of Hope and organizations working with Community of Hope.

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Community of Hope, Inc.

Hope Scholarship Applicant Reference Letter

812 28 Ave Meridian,
MS 39301

Phone: (601) 693-8073 □ Email: communityofhope@gmail.com

lisabrookins81@gmail.com

Applicant's Name _____

Today's Date _____

The above applicant has is seeking to participate as a volunteer in the Hope Scholarship Program. Please provide us with accurate information regarding the applicant. This reference letter is confidential and will not be shared with the applicant. Mail this letter in an envelope provided by the applicant to the Community of Hope office attention of Lisa B. Mercer. Thank you for your assistance.

Superior/Above Average/Average/Below Average

Energy Level/Attitude () () () () Comment:

Punctuality () () () () Comment:

Reliability () () () () Comment:

Outgoing/Personable with others () () () () Comment:

Leadership Skills () () () () Comment:

Ability to learn () () () () Comment:

Ability to work on a team () () () () Comment:

Dependability () () () () Comment:

Communication Skills () () () () Comment:

Trustworthy/Honest () () () () Comment:

Emotional Balance () () () () Comment:

Attitude towards children () () () () Comment:

Time management () () () () Comment:

***Please answer the questions on the back of as well*

- *How long and in what capacity have you known the applicant?
- *Describe your impressions of the applicant's character and his or her commitment to continuing their education post high school?
- *What are his/her strengths?
- *What are his/her weaknesses or areas for growth?

*List any additional comments or concerns.

*What is your recommendation regarding this person participating in the Hope Scholarship Program through Community of Hope? (circle one)

Recommend • *Recommend with reservation* • *Do not recommend*

Printed Name: _____ Date: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Alt. Phone: _____ Employer: _____

Position: _____

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Phone: (601) 693-8073 ☐ Email: communityofhope@ymail.com

lisabrookins81@gmail.com

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Recommend • *Recommend with reservation* • *Do not recommend*
 Printed Name: _____ Date: _____
 Signature: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Alt. Phone: _____ Employer: _____
 Position: _____
