



**Application**  
**Hope Fund Undergraduate Scholarship Program**



**Eligibility Checklist**

Competition for the program is open to anyone who meets the following requirements. **Anyone who does not meet the eligibility requirements listed below should NOT apply.**

Verify your eligibility by checking each box to indicate that YOU ARE eligible:

- Palestinian refugee residing in Lebanon
- Family cannot afford U.S. university study
- Currently in the 10<sup>th</sup> or 11<sup>th</sup> grade and have a school grade average of 80% or better
- Good spoken and written English skills

**Personal Information**

YOUR NAME \_\_\_\_\_  
*First*
*Last*
*Father's name*

**CONTACT INFORMATION**

Home address: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
 \_\_\_\_\_ Mobile number: \_\_\_\_\_  
 \_\_\_\_\_ E-mail address: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
*Month/Day/Year*
*City*
*Country*

Country of permanent legal residence: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

List all countries where citizenship is held: \_\_\_\_\_

Do you hold an American passport or green card?  Yes  No  
 Are you a registered Palestinian refugee?  Yes  No Name of refugee camp: \_\_\_\_\_  
 Have you applied for or are you considering applying to universities on your own?  Yes  No

If you answered "yes" above, list all the schools that you have applied to or are considering applying to:

Name of School	Date Applied/Will Apply	School Contact Person

What is your desired field of study?  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

## Family & Financial Background

Your parents are:       Married                       Divorced                       Separated                       Widowed

Father's occupation: \_\_\_\_\_ Company: \_\_\_\_\_ Highest degree: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Company: \_\_\_\_\_ Highest degree: \_\_\_\_\_

### Family Financial Situation

**During the past year, how much household income did your family receive from the following sources?**

**(Please indicate amount PER YEAR for each category in U.S. dollars)**

Mother's (or Guardian's) annual income                      \$ \_\_\_\_\_

Father's (or Guardian's) annual income                      \$ \_\_\_\_\_

Your work                      \$ \_\_\_\_\_

Family business                      \$ \_\_\_\_\_

Family real estate holdings                      \$ \_\_\_\_\_

Pension                      \$ \_\_\_\_\_

Any other sources of family income                      \$ \_\_\_\_\_

Other (explain)                      \$ \_\_\_\_\_

**TOTAL YEARLY INCOME**                      \$ \_\_\_\_\_

Does your family rent a home or own it?                       Rent     Own     Other: \_\_\_\_\_

Does your family own property or land besides the family home?     Yes     No

Enter the amount your parents can pay per year for your college expenses.    \$ \_\_\_\_\_

**List all family members living in your home below with information about work or school**

Name	Age	Current Occupation (student or working, with details)

Are there any other members of your immediate family either presently enrolled in university education *or* will be enrolled in university education at the same time as you?     Yes     No

If yes, give the name of the university, the degree they are pursuing, and expected year of graduation:

\_\_\_\_\_

\_\_\_\_\_

## Secondary School Information

School name (in English): \_\_\_\_\_

School address: \_\_\_\_\_

Type of school:      Private                    Public

Current grade level:    10                    11

## Extracurricular, Volunteer Activities & Honors

a) Have you ever participated in any of the following AMIDEAST sponsored programs?

YES    ACCESS    Other \_\_\_\_\_

b) List all extracurricular activities and all hobbies in which you have participated. Please state if you have received any awards, or have any outstanding achievements in these activities.

Name and Description of Activity	Month/Year Started	Month/Year Ended

Name of Award	Reason for Receiving Award	Date of Award

## Language Proficiency

What languages do you speak? List all:    1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Number of years of English study:       \_\_\_\_\_

## Standardized Test Scores

If you have already taken TOEFL, SAT I, or SAT II tests, please list the scores below.

Test Name	Date taken or to be taken	Score
SAT I		
SAT II		
TOEFL		
OTHER		

## Physical Challenges/Disabilities

Do you have any physical disabilities?  Yes  No

Please describe any disabilities or special accommodations needed:

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## Short Essays

Answer the following two essay questions on a separate paper:

1. Describe your family's current economic situation.
2. Discuss why you feel that you should be awarded a university scholarship or accepted into Hope Fund program.

## Student Consent – *To be completed by the applicant*

- I am responsible for all parts of my application.
- I am responsible for understanding each step of the application process.
- I am responsible for meeting all deadlines for the U.S. university application process.
- I am responsible for responding to all emails and information requested in a timely manner.
- I understand all writing submitted in the application must be mine and mine alone.
- I pledge to behave respectfully and honestly in all steps of this process.
- I pledge to cooperate with all requests from the Hope Fund and inform its staff of any changes immediately.
- I understand that I will be immediately disqualified for missing ANY deadline.
- I understand that applying for this scholarship search program does not guarantee I will win a scholarship.

*Sign here to indicate that you have read and understood all of the above eligibility requirements. Evidence of dishonesty or withholding of relevant information in the application or dealings with program representatives at any time will result in dismissal from the program.*

*By signature below, I certify that to the best of my knowledge, the information provided in all parts of my application is accurate and complete, and that AMIDEAST is hereby given the permission to cross-check any information contained in this application.*

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

## Supporting Document Checklist

Please complete **all** sections of the application form for which you have relevant information. All applicants must submit a completed application and the following supporting documents to AMIDEAST.

Mark the items in the checklist below to indicate the information/documents provided with this application:

- 8<sup>th</sup> grade: report card/grades
- 9<sup>th</sup> grade: report card/grades
- 10<sup>th</sup> grade: report card/grades
- 11<sup>th</sup> grade: report card/grades
- Two essays in English answering the essay questions
- Copy of the data/photo pages of your ID
- Completed, signed application form
- Copies of certificates and awards received in the past 3 years

***Applications not fully completed or missing supporting documents will not be accepted or considered for review.***

## Parental Consent—*To be completed by a parent*

My son/daughter has my permission to apply for the Hope Fund program at AMIDEAST. I agree that my son/daughter is required to abide by all AMIDEAST policies pertaining to attendance, behavior, punctuality and assignments and may be expelled from the program if he/she does not adhere to all of these policies.

I hereby confirm that all information contained in this application is true and accurate and that I understand that my son/daughter may be removed from the program if it comes to AMIDEAST's attention that any of the information provided in this application is not true or accurate.

Father's Full Name: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_