



## **2020 SCHOLARSHIP APPLICATION INFORMATION**

**MISSION STATEMENT:** *Cheshire's Lights of Hope unites our community to light up our town and create a brighter world. Through acts of kindness and generosity we encourage good citizenship and promote volunteerism while embracing and supporting local charities.*

### **Qualifications**

Two (2) scholarships will be awarded to two Cheshire residents who are seniors in high school and best exemplify the mission and vision of Cheshire's Lights of Hope (CLOH) through community volunteerism and service. **It is not necessary to have participated in the Cheshire's Lights of Hope annual luminary event to apply for this scholarship.**

Applicants must be a graduating high school senior, a Cheshire resident and must demonstrate significant service to others in the Cheshire community and beyond.

Through the dedication of hundreds of volunteer, luminaries have lit up the streets of Cheshire while raising over \$985,000 since 2005 for local charities including the Cheshire Community Food Pantry, Cheshire Department of Youth and Social Services, the Petit Family Foundation, the Mari Hall Family Foundation, the Cheshire Food Drive, and numerous others, examples of our belief in "Neighbors Helping Neighbors."

The Lights of Hope Scholarship Committee will evaluate applications for the scholarship. The committee will specifically consider:

- The amount and type of volunteer work completed during and prior to high school, but will focus on community service within the town of Cheshire.
- The number of years of service
- The impact of the applicant's service on the Cheshire community
- The personal essay, resume and recommendations letters will also be strongly considered in the Committee's decision.

The Cheshire's Lights of Hope scholarship aims to encourage the next generation of volunteers to serve the Cheshire community to continue spreading the message of hope and encouragement amongst neighbors.

### **Funds Available**

Two \$2,000 scholarships will be awarded to graduates in full time attendance at accredited colleges. These scholarships will be awarded directly to the students, half (\$1000) by August 15, 2020 and the remaining half (\$1000) upon the **successful completion of the first semester** of their college studies.



## **HOW TO APPLY**

Each applicant must complete the **CLOH's 2020 Scholarship Application Form**, which is available on the Cheshire's Lights of Hope website ([www.cheshireslightsofhope.com](http://www.cheshireslightsofhope.com)).

**As part of the application form, the applicant must submit an essay (approximately 500 words) describing the local Cheshire community service activities you have participated in and how those activities have impacted your life and the lives of others in the Cheshire community.**

Additional information:

- Financial information, SAT information and Transcripts are not required.
- Must self-report GPA on application form. A cumulative GPA of 2.5 or greater is required to apply for this scholarship.
- A copy of your resume is required.
- In addition to the Community and Volunteer Service section of the CLOH application, **documentation (proof of hours of service) must be provided from any organization the applicant performed over 100 hours of community service in a given year for.**
- Two (2) letters of recommendation are required, **one of which must be from an organization the volunteer has performed community service with.** Neither recommendation may be from a relative of the applicant.
- All high school seniors who are Cheshire residents may apply.
- **Your application must be submitted in full by March 13, 2020.** Applications with support documentation may be submitted through the following methods:
  - Submitted to the Cheshire HS School Counseling Dept. (CHS students).
  - Submitted electronically via the CLOH website ([www.cheshireslightsofhope.com](http://www.cheshireslightsofhope.com)).
  - Mailed to the following address (must be postmarked by March 13, 2020):

**Scholarship Committee Chair  
Cheshire's Lights of Hope  
PO Box 553  
Cheshire, CT 06410**



## 2020 SCHOLARSHIP APPLICATION

**MUST BE SUBMITTED OR POSTMARKED BY MARCH 13, 2020**

Applicant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_ Best email address to reach you: \_\_\_\_\_

High School Currently Attending: \_\_\_\_\_

Anticipated Date of High School Graduation: \_\_\_\_\_

Cumulative High School Grade Point Average (GPA): \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of college/university you plan to attend or to which you have been accepted:

\_\_\_\_\_

Intended Major/Course of Study: \_\_\_\_\_

### **ESSAY**

Please attach an essay (approximately 500 words) describing the local community and volunteer service activities you have participated in Cheshire and how those activities have impacted your life and the lives of others in the Cheshire Community.

### **RECOMMENDATIONS**

Please attach two letters of recommendation, **one of which must be from an organization the volunteer has performed community service with.** Neither recommendation may be from a relative of the applicant.

### **RESUME**

Please attach a copy of your resume.

**DESCRIPTION OF COMMUNITY AND VOLUNTEER SERVICE**

Please include community service during and prior to high school.

**\*\*\*Documentation (proof of hours of service) must be provided from any organization you performed over 100 hours of community service in a given year for.**

| Name of Organization | Description of Service | List each year separately and the # of hours performed for each year | Organization Contact Person Information |
|----------------------|------------------------|--|---|
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|                      |                        |  |   |

*Attach another page if needed*

**CERTIFICATION, ALL APPLICANTS AND A PARENT/GUARDIAN**

*I certify that all information I have provided on this application is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to the Scholarship Committee to review information on this form, my transcripts, and additional supporting documentation submitted as part of this application. I give permission for the Scholarship Committee to contact high school and college officials for additional academic information. If selected to receive a scholarship, I give permission for media releases.*

**Signature of Applicant:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_