



Hope Restored Scholarship Application Form
Return completed form to Registrar.HopeRestored@fotf.org

Applicant Information

Names: _____

Address: _____

City / State / Zip: _____

Husband Cell: _____ Husband Email: _____

Wife Cell: _____ Wife Email: _____

Family Information

Name(s) and Age(s) of dependent children in the home:

Financial Information

Combined annual income from the **Adjusted Gross Income** line of last year's tax form \$ _____

If you have experienced monetary hardship that has had a direct impact on your annual financial situation, please describe the impact, with specific dates and amounts. Complete all applicable fields.

Documentation may be required.

Situation and the direct impact on your finances _____

Date(s) of impact _____

Out-of-pocket Expenses Incurred _____

Amount of income lost _____

Division of income between spouses for tax year submitted: (H) \$ _____ (W) \$ _____

Please include a copy of the page of last year's tax return that includes the line with your Adjusted Gross Income. Black out all social security numbers.