



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

Applicant Information

Names: (H) _____ (W) _____

Address: _____

City / State/ Zip Code: _____

Phone: (H) _____ (W) _____

Email: (H) _____ (W) _____

Family Information

Number of Dependent Children: _____

Name(s) and Age(s): _____

Income Information

What is the division of income between spouses for the tax year submitted?

(H) \$ _____ (W) \$ _____

Does either spouse own a business? YES NO

****IF YES, PLEASE SUBMIT A SCHEDULE C FROM YOUR MOST RECENT TAX YEAR****

What amount, if any, did you receive in non-taxable income for the prior tax year (disability insurance, pension, retirement, or social security income)? \$ _____

Other Information

Are there any extenuating circumstances that you feel should be considered in the determination of a scholarship? _____

Please include a copy your 1040 Federal Tax Return. Black out all social security numbers