



The
**National
Angel of Hope
Foundation**

The National Angel of Hope Foundation is pleased to offer its **Angel of Hope Remote Learning Financial Assistance Scholarship** for parents who show financial need and who enroll their child into select remote learning programs in Cobb County, Georgia.

WHO MAY APPLY

Parents who have children (*including stepchildren and foster children*) in which in-class learning has been affected as a result of the recent Covid-19 related school closures. Parents need to be able to demonstrate that they have a financial need for assistance based on their total household income.

FINANCIAL ASSISTANCE SCHOLARSHIP

The National Angel of Hope Foundation will award scholarships for financial assistance to eligible parents with financial hardships. Scholarship award amounts are based on need and the maximum award amount is **\$3,000** (*payable in weekly installments of \$100 each, directly to the approved remote learning center*)

ELIGIBILITY REQUIREMENTS

- Student must reside in the same household as the parent(s) who is/are applying.
- Total household income must be less than \$100,000 per year
- Student must be in Elementary or Middle School and under 14 years old
- Student must not be on suspension or academic probation at their primary school
- Student (*ages 7 and older*) must write a 1-2 paragraph essay describing why education is important
- Parent(s) must write a 2-3 paragraph essay describing their hardship and detailing why they need this scholarship

HOW TO APPLY

Download and print the 2020 Scholarship Application from the website of any approved remote learning center and submit completed application and supplemental documents to their Financial Aid Office or Admissions Department. Applications are reviewed on a first-come, first-service basis and award notifications are made in 48 to 72 hours.



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2020 ANGEL OF HOPE REMOTE LEARNING SCHOLARSHIP

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Instagram/Facebook: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

STUDENT DATA

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Email: _____ Social Media: _____

School Name: _____ Grade: _____

Employer Name: _____

Work Address: _____

Work Phone# : _____ Supervisor Name: _____

Weekly/Bi-Weekly Pay*: _____ Monthly Rent*: _____ Utilities*: _____

** Attach two (2) most recent paystubs, copy of mortgage statement or rental agreement and utility statement*

List all other household expenses: _____

Check below if you are receiving any of the following:

Food Stamps Amt \$ _____	Unemployment Amt \$ _____	Child Support Amt \$ _____	Other Income Amt \$ _____
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I hereby swear or affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge.

Parent's Signature: _____ **Date:** _____