



## **Scholarship Application**

**Flicker of Hope Foundation**  
Scholarship Committee  
8624 Janet Lane  
Vienna, VA 22180  
[www.flickerofhope.org](http://www.flickerofhope.org)  
703-698-1626 \* Fax 703-573-8161

## THE FLICKER OF HOPE FOUNDATION

### Scholarship Application

- Flicker of Hope Foundation (FHF) scholarship grants will be awarded to burn survivors who are currently high school seniors or who have a high school diploma.
- The award will be based on severity of burn injury, academic performance, community service and economic need. Disbursement will be predicated by acceptance to an accredited post-secondary learning institution.
- Payments will be made directly to that institution.
- The decision of the FHF Scholarship Committee is final.
- Applicants not selected for a grant are encouraged to apply the following year.
- Please make sure you submit the items requested on this page and use the attached forms.

### Essay

- ❑ Applicants are requested to submit an essay of not more than 500 words describing, briefly, the circumstances of how you were burned and how that injury has affected your life. You will also explain the benefit you will derive from your planned course of study.

### Applicants must submit, as appropriate

- ❑ Names of all other sources and amounts of financial aid you expect to receive.
- ❑ An official high school, GED or college transcript sent directly from the institution.\*
- ❑ A copy of an acceptance letter from the academic institution you plan to attend.
- ❑ An official listing of costs for tuition, room and board, and books and supplies.
- ❑ A copy of most recent Federal income tax return on which you are claimed as a dependent.

### Letters of Recommendation and Validation

- ❑ Please provide us with two letters of recommendation. They may be from a teacher, an employer or someone you know in the community. \*
- ❑ Please provide us with a letter from a medical professional who can validate your burn injury, including type of burn (degree) and percentage of total body surface area burned.\*

**Deadline:** The deadline for applications is June 1. It is your responsibility to ensure that all parts of the application package have been received by FHF by the deadline.

**Scholarship awards** will be made in July. Applicants will be notified by July 31. For one-year scholarships, one-half of the total amount granted will be applied to each of the Fall semester and the Spring semester. In order to receive the award for the Spring semester you must send us a copy of your transcript for the Fall semester.

***\*These documents must be sent by the writer directly to Flicker of Hope Foundation. Do not include in your application package.***

(Continued)

**THE FLICKER OF HOPE FOUNDATION**

**Scholarship Application**

**Applicants of the FHF scholarship are required to affirm the following:**

- I have read all the instructions and hereby apply for the Flicker of Hope (FHF) Scholarship Grant. I affirm that all the information I have provided is true.
- I authorize FHF to request and receive information regarding my enrollment status at both my secondary school and the institution where I will use the grant.
- If I withdraw from the institution for which I will use the grant, I will inform FHF immediately.
- I grant FHF permission to use my name, application essay, study plans and the name of the institution I will be attending publicly in order to endorse the FHF goals and scholarship program.
- I will keep FHF informed of my graduation date, my post-graduate employment/education plans and how the FHF scholarship has benefited my life.

---

Name

Date

Please affix a recent photo of yourself here.

**Mail Application to:**

Flicker of Hope Education Grant Scholarship Application  
Scholarship Committee  
Flicker of Hope Foundation  
8624 Janet Lane,  
Vienna, VA 22180

# FLICKER OF HOPE FOUNDATION

## Scholarship Application

<b>Applicant Information</b>	
Name	
	Last First M.I.
Social Security #	

<b>Contact Information</b>	
Home Address	
	Street
	City State Zip Code
E-mail Address	
Phone	
	Home Work

<b>Family Information</b>	
Parent/Guardian's	
	Name Daytime Phone Number
Total Annual Income (All Sources)	
Additional Information	Please provide information that explains your need for financial assistance.

**FLICKER OF HOPE FOUNDATION**  
**Scholarship Application**

<b>Current School Information</b>	
School Name	
Address Line 1	
Address Line 2	
Phone Number	

<b>Institution to Receive Scholarship Payment</b>		
School Name		
Address Line 1		
Address Line 2		
Address Line 3		
Field of Study		
COST	Total	Amount Requested be Covered by Grant
Tuition		
Room & Board		
Books		
Other (Explain)		

<b>Other Financial Aid</b>	
Name of Organization Providing Aid	Amount of Aid Per Semester