

Hannah Duffy Memorial Scholarship

Application

On behalf of the Hannah Duffy Foundation, we are proud to offer two (2) $5,000 scholarships, available to all graduating seniors who are full-time residents of Tinton Falls, Eatontown or Shrewsbury Township. In developing the scholarship program in Hannah’s memory, our hope is to find students who embody the spirit and essence of our Hannah…most importantly, kindness, dedication and a loving spirit. Our best wishes to you during this application process, and on your journey to continue your education. – *Hannah’s family.*

1. **Demographics**

Student Name:

Address:

City: Zip Code:

Phone: Email:

High School:

Year of Graduation:

1. **Academics – List current GPA and honors/awards**
2. **Please submit most recent official transcript.**
3. **Please list any academic honors and/or awards**
4. **GPA**

(Attach additional sheets if necessary)

1. **Please list the following: Community Involvement, School Activities, and Work Experience. List leadership roles, accomplishments, hours per week or per month and extent of involvement. Additional weight will be placed on focused, dedicated commitment, and not just the quantity of listed activities.**

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| **Community Involvement, School Activities and Year(s) you participated** | **Hours (indicate “per week” or “per month”** | **Leadership Role / Accomplishments** |
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| **Work History** | **Hours (per week)** | **Responsibility** |
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(Attach additional sheets if necessary)

1. **Essay #1:**

**“Share with us how you, as an individual have brought about or can bring about positive changes in other people’s lives. Even affecting the life of one person can have far reaching impact.”**

(Essay must be a minimum of 500 words and no more than 1,000 words, double-spaced)

1. **Essay #2:**

**“The Destiny in Your Own Hands” – what does this mean to you and how do you believe you will shape your own destiny?**

(Essay must be a minimum of 500 words and no more than 1,000 words, double-spaced)

1. **Include two (2) letters of recommendation: From a coach, teacher, employer OR leader of an organization for which you have volunteered. HDF Board Members or Scholarship Selection Committee members who will be part of the voting process cannot write letters of recommendation for applicants of the HDF Memorial Scholarship.**

# Other

**Please share something else about yourself that you would like us to know**. (Include as attachment VII if additional space needed).

**I, , have completed this application to the best of my knowledge, and fully understand that any misrepresentation of the information contained in this application may disqualify me from the scholarship.**

## Print Name Date

## Signature

Please mail the HDF Scholarship Application, essays, two (2) letters of recommendation, and official high school transcript to the below address. **Applications must be postmarked no later than April 7, 2017 for consideration for the 2017 scholarship award.**

**Hannah Duffy Memorial Scholarship Committee**

**Hannah Duffy Foundation**

**PO Box 873**

**Eatontown, NJ 07724**