

Graham Smith Memorial Scholarship Application

Personal Information

- Full Name: _____
- Date of Birth: _____
- Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to answer
- Address: _____

- Email Address: _____
- Phone Number: _____

Academic Information

- Current School/University Name: _____
- Current Grade/Year: _____
- Major/Field of Study: _____
- Expected Graduation Date: _____
- Cumulative GPA: _____
- Academic Achievements (e.g., honors, awards, etc.):
 - _____
 - _____
 - _____

Extracurricular Activities and Leadership

- List any extracurricular activities you are involved in (clubs, sports, volunteer work, etc.):
 - Activity: _____ Role: _____
_____ Duration: _____
_____ Accomplishments: _____
 - Activity: _____ Role: _____
_____ Duration: _____
_____ Accomplishments: _____
- Have you held any leadership roles? ☐ Yes ☐ No
 - If yes, please describe your leadership role(s):
 - _____

Work Experience (if applicable)

- Current or Previous Employment (if any):
 - Job Title: _____
 - Employer: _____
 - Duration: _____
 - Responsibilities: _____

Personal Statement

Please submit a written response or video addressing the following questions:

1. How do you plan to contribute to your community after completing your studies?
 2. What impact do you think the scholarship will have on your academic and professional future?
 3. What is your greatest strength and how do you believe it will help you succeed in your future academic and professional endeavors?
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References

Please provide the contact information for two references who can speak to your character, academic performance, or extracurricular involvement.

- **Reference 1:**
Name: _____
Relationship: _____
Phone: _____
Email: _____
- **Reference 2:**
Name: _____
Relationship: _____
Phone: _____
Email: _____

Applicant's Declaration

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may disqualify me from receiving this scholarship.

- **Signature:** _____
 - **Date:** _____
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Instructions:

- Please attach the following **required documents**: transcripts, or proof of enrollment.
- Submit the completed application by **midnight on April 30, 2025**.
- Applications and question responses can be submitted via email to charityministryofhope@gmail.com.
- Letters of recommendation are ***optional***, but can be submitted.