What is HOPE Scholars?
HOPE Scholars is a program designed to improve retention, graduation and the four year college transfer rate of African American and Hispanic males. HOPE Scholar students will attend workshops and seminars, be provided tutorial services, and attend four-year college or university tours. Students will benefit from faculty mentoring and the opportunity to build relationships with their mentors. This will ensure successful completion of an AA/AS degree transferrable to a four-year college or university.

What are the eligibility criteria to participate in the Project HOPE Scholarship?
- Applicants must be enrolled at Hillsborough Community College.
- Applicants must be US Citizens or must meet the requirements of an eligible non-citizen as defined by the Federal Financial Aid Program.
- Applicants must have completed at least 12 credit hours course work at HCC and cannot be in their last semester before graduation.

What are the requirements of the HOPE Scholars Program?
- The HOPE Scholar’s Program is designed for a maximum of two years, after which scholars are expected to graduate and transfer to an upper degree program.
- Scholars must submit course schedule, progress towards degree, and tentative academic plan of study towards graduation and transfer to the program coordinator each semester.
- Scholars must maintain a minimum of 9 credit hours course load per fall and spring semesters unless in the semester of graduation.
- Graduating scholars must submit a letter of admission to an upper degree program at the end of the semester of graduation to the program coordinator.
- Scholars must maintain a 2.5 GPA on all college course work completed.
- Scholars must attend all scheduled mentoring appointments.
- Scholars must submit all progress reports to faculty mentors.
- Scholars must participate in all scheduled community service events.
- Scholars are required to attend two seminars per semester, one college tour, and the Black Brown College Bound Conference in the spring semester.
- Scholars must complete the Free Application for Federal Student Aid (FAFSA) each academic year by March 1.

For further information please contact
Hillsborough Community College Office of Equity and Special Programs
HOPE Scholars Coordinator, Patrick Sneed
psneed@hccfl.edu or 813-253-7041
HOPE Scholars Program
Application Instructions

1. Complete the HOPE Scholars Application. The application must be typed or legibly written.

2. Attach a minimum of 500 word personal statement. The statement must be typed in a 12-point standard font (in Times New Roman) and double-spaced.

   The statement should address each of the following:
   • Why should you be selected for the Hope Scholars Program?
   • Discuss your academic strengths and weaknesses.
   • Discuss your career goals.
   • Explain any work experience, community service, leadership and school activities in which you participated?
   • Why do you desire a 4 year college degree?

3. Submit at least one letter of recommendation (attached) completed by a faculty, staff or college administrator. Recommendations should be sealed.

4. Attach a copy of your unofficial transcript.

   **APPLICATION DEADLINE: Friday, August 1, 2015**

Submit the completed application and any additional materials to:

Patrick Sneed
Coordinator for HOPE Scholars and Collegiate 100 Programs
Office of Equity and Special Program, Room 428
Hillsborough Community College
39 Columbia Dr.
Tampa, FL 33606
813-253-7041
psneed@hccfl.edu

Incomplete applications will NOT be reviewed.

Hillsborough Community College is an Equal Access, Equal Opportunity institution. Programs, activities, and facilities of the College are available to all on a nondiscriminatory basis, without regard to race, color, religion, sex, age, disability, marital status and national origin. Questions pertaining to education equity, equal opportunity or equal access should be addressed to Dr. Joan Holmes Special Assistant to the President, Office of Equity and Special Programs jholmes16@hccfl.edu
Program Application

PERSONAL INFORMATION

Name: ______________________________________________________________________________

Address: ____________________________________________________________________________

City/State/Zip ________________________________________________________________________

Home Phone: ______________________________  Cell Phone: ________________________________

Personal Email: ____________________________   HCC Email: _______________________________

Student I.D. _______________________________   Date of Birth: ______________________________

Gender: ________ Race/Ethnicity: _____________________ County of Birth: ____________________

Shirt Size:    S    M    L    XL    XXL    3XL    4XL

Please answer the questions below by checking the appropriate box:

Are you a U.S. Citizen or do you meet the requirement of an eligible non-citizen as defined by the Federal
Financial Aid Program? (Information can be found at www.fafsa.ed.gov)  ____ Yes     or   ____ No

INCOME INFORMATION

Do you qualify for Financial Aid:  ____ Yes     or   ____ No

Have you completed the 2014/15 FAFSA?  ____ Yes     or   ____ No

Are you receiving any Scholarships (If yes, please state)? _____________________________________________

PROGRAM INFORMATION

Degree (AA or AS)? ____________________________ Program of Study (Major) ____________________________

HCC GPA: _______ College-Credit Hours Completed: _______ Prep-Credit Hours Completed: _______

Are you registered for any prep courses this semester?  ____ Yes     or   ____ No

Campus you mostly attend:  ___Dale Mabry  ___Ybor City  ___Brandon  ___Plant City  ___South Shore

What University do you plan to attend upon graduation from Hillsborough Community College?

_______________________________________________
FIRST GENERATION

Please answer the questions on by the next page with an X on the appropriate line:

Are you a first generation college student? (Neither of your parents graduated from a four-year college or university)   ____ Yes   or   ____ No

What is the highest level of education completed by your parents?

Mother: _____ No College   _____ Some College   _____ Completed College   _____ N/A

Father: _____ No College   _____ Some College   _____ Completed College   _____ N/A

EXTRA CURRICULUM ACTIVITIES

College Activities:
____________________________________________________________________________________
____________________________________________________________________________________

Community Activities:
____________________________________________________________________________________
____________________________________________________________________________________

Work Experience:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Current Employer: _____________________________ # of hours work per week? ___________

My signature indicates that I understand the HOPE Scholars Program requirements and the information contained in this application is true to the best of my knowledge. I also affirm that the attached essay was composed by me.

Signature: ___________________________________________ Date: _____/_____/______

APPLICATION DEADLINE: Friday, August 1, 2014
Submit the completed application and any additional materials to:

Patrick Sneed
Coordinator for HOPE Scholars and Collegiate 100 Programs
Office of Equity and Special Program, Room 717
Hillsborough Community College
39 Columbia Dr.
Tampa, FL 33606

Incomplete applications will NOT be reviewed
Recommendation Form

One recommendation form completed by the applicant’s professor, faculty, staff or college administrator is mandatory to apply for the scholarship. Additional recommendations are encouraged. Letters are welcomed. Recommendations should be sealed.

Applicants Name: _____________________________________________________________________________

Name of person completing this form: ____________________________________________________________

Title: _____________________________________________________________________________________

Campus: ___________________________________________________________________________________

Capacity in which you know the applicant: ___________________________________________________________________________________

Please rate the applicant on the qualities listed below using the following numeric scale:

5 – Excellent  4 – Good  3 – Average  2 – Fair  1 – Poor

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Career Goals</th>
<th>Academic</th>
<th>Self-Discipline</th>
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Please discuss briefly why you believe this student should be selected as a HOPE Scholars recipient? Please provide further information on the applicant as it pertains to the areas listed above. Additionally, please provide information as to why you are recommending this applicant and their strengths and weaknesses.

Print Name: ____________________________ Date: ____________________________

Signature: ____________________________ Title: ____________________________

Email: ________________________________ Phone: ____________________________

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