

# Hope Loves Company

## Sara Cooper Scholarship



### Applicant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_.

Phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_mm \_\_\_\_\_dd \_\_\_\_\_yyyy Age \_\_\_\_\_

#### Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to say

#### Race

- Asian
- Black or African American
- Indigenous Mexican or Central American
- Middle Eastern, North African, Near Eastern
- Native American, Alaska Native, or First Nations
- Native Hawaiian and Other Pacific Islander
- Indigenous South American
- White
- Prefer not to say

College, university, or middle/high school you are/will be attending

\_\_\_\_\_

## Hope Loves Company

How did you hear about Hope Loves Company?

- HLC Website/Google
- Social Media
- Friends/Family
- ALS Organization
- Donor or Sponsor
- Other

If you heard of Hope Loves Company from an ALS Organization, which one?

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If you heard of Hope Loves Company from a friend or family member, please share their name:

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## ALS History

Who has ALS in your family & what is their relationship to the applicant?

- Mother
- Father
- Grandmother
- Grandfather
- Other: \_\_\_\_\_

What is their first and last name? \_\_\_\_\_

Is this person currently battling ALS? \_\_\_\_ Yes \_\_\_\_ No, they passed away.

If yes, how are they doing?

If no, when did they pass away? \_\_\_\_\_mm \_\_\_\_\_dd \_\_\_\_\_yyyy