

Hope Loves Company

Susan B. Anderson 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?

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

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