



Fourth Annual \$1,000 Ray of Hope Scholarship

Ray of Hope, Westmoreland County's Suicide Awareness and Prevention Task Force, is proud to announce the **Fourth Annual \$1,000 Ray of Hope Scholarship** to be awarded to one Westmoreland County graduating high school senior in May of 2026. The applicants applying for this scholarship must reside in Westmoreland County and have a passion for and be seeking a degree in the Human Services field. Examples: social work, psychology, behavioral health. Please note: the application will not be considered/processed if the course of study does not meet the Human Service criteria.

Attached please find the application that must be postmarked **no later than March 28th, 2026**.

All submissions must include:

1. Completed application form (including parent's signature)
2. Copy of the most recently completed semester/marketing period grades
3. Essay
4. Reference Letter

Please address questions and submissions to:

Lisa Goldberg
Ray of Hope Coordinator
409 Coulter Ave., Suite 4
Greensburg, PA 15601
724-875-2415
Email: egoldberg@mhaswpa.org

Thank you and good luck!



\$1,000 Ray of Hope Scholarship

Scholarship Application

Application Deadline: March 28th, 2026

For the period July 1, 2026 to June 30, 2027

Please Print

Student's Full Name: _____

Student's Home Address: _____

Phone Number: _____

Student's Phone Number: _____

Student's Email: _____

High School: _____

Date of Graduation: _____

College Applied To: _____

Intended Major or Career Path: _____

Occupation Objective After Graduation: _____

Extra-Curricular Activities (School; Community; Church; Etc.): _____

Volunteer Work: _____

What are your Long Term Professional Goals and how might this scholarship money help you to achieve your goals? _____

ESSAY: Please state in 50 words or more why our scholarship committee should choose you for the scholarship we are awarding: (May include separate typed attachment)

1 Reference (Not a Relative): The reference must be in letter form and attached to your application. The reference may be a teacher, counselor, coach, or employer.

All statements are true to the best of my knowledge and belief.

Applicant Signature:

All applicants regardless of age:

I have read and approved the above application.

PARENT OR GUARDIAN SIGNATURE:

ALL APPLICANTS:

PLEASE BE SURE TO INCLUDE ALL OF THE FOLLOWING (OR IT WILL BE DISQUALIFIED FROM CONSIDERATION):

1. This completed application form (including parent's signature)
2. Copy of your most recently completed semester/marketing period grades
3. Essay
4. Reference Letter

DEADLINE IS March 28th, 2026
ALL APPLICATIONS MUST BE POSTMARKED
BY THIS DATE TO BE CONSIDERED

Please submit the completed application and all attachments to:

Lisa Goldberg
Ray of Hope Coordinator
409 Coulter Ave., Suite 4
Greensburg, PA 15601
724-875-2415
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