



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/marking 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 you 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
Email: egoldberg@mhaswpa.org