

## HARVEY'S TALES SCHOLARSHIP

*Criteria: Any GHS Senior applying to a 2 or 4 year college may apply (if not employed by Harvey's Tales) Scholarship to be used for textbooks.*

*Please be sure to complete the Personal Statement along with the Special Need Statement.*

**Deadline Date: 3/31/20**

**Scholarship Applicant ID Number:** \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Academic Information:** (Based on 6 semester \_\_\_\_ Based on 7 semester \_\_\_\_)

GPA: weighted \_\_\_\_ unweighted \_\_\_\_

ACT or SAT Composite \_\_\_\_\_

**School attending after graduation:**

1st Choice: \_\_\_\_\_ Major: \_\_\_\_\_ Yearly Cost: \_\_\_\_\_  
(Tuition/Room & Board)

2<sup>nd</sup> Choice: \_\_\_\_\_ Major: \_\_\_\_\_ Yearly Cost: \_\_\_\_\_  
(Tuition/Room & Board)

**Extracurricular School Activities:** Include number of years, offices held, committees chaired, and awards, earned.

Activity/Athletics	Years	Leadership Responsibilities	Hours Per Month

**Community Service:** Community Projects, Church Activities, Volunteer Responsibilities

Activity	Years	Leadership Responsibilities	Hours Per Month


**Employment:**

Jobs Held	Employer	Employment Dates	Hours Per Week

Occupation of: Father \_\_\_\_\_ Mother \_\_\_\_\_  
  Full / Part Time (circle one)                          Full / Part Time (circle one)

Siblings:     Name:    Age:    Year in School:  
  \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
  \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
  \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

**Personal Statement:** In the space provided, describe your educational goals and why you chose your intended field of study.

**Special Need Statement:** In the space provided, explain any special situation(s) that affects your ability to obtain a post high school education. This can include, but is not limited to, financial constraints and family circumstances.

*I certify that all the answers I have given on this application are complete and accurate to the best of my knowledge.*

Name: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***SUBMISSION DETAILS: Submit the completed form directly to the store, or send it via email to us at [harveystales@gmail.com](mailto:harveystales@gmail.com)***