| Harvest Girls College Book Scholarship Application |
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| “The Power to Dream” Applicant Information For the Year 2024 |
| Name: |
| Date of birth: | Cell Phone: | Home Phone: |
| Permanent address: |
| City: | State: | ZIP Code: |
| High School: | Year Graduated: | GPA: |
| College Information |
| College Attending: |
| College address: |  |
|  Phone: | E-mail: | College GPA:[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] |
| City: | State: | ZIP Code: |
| Major: | Minor: | 1st time applicant: Yes No |
| Emergency Contact |
| Name of a relative not residing with you: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
|  |
|  |
|  |  |  |
| Organization Information |
| Organization(s) you belong to: |
| Community Service Work: | How long? |
| Desired Occupation: |  |  |
| Hobby: | Awards: |  |
| Activities: |  |  |
| character References include at least one written reference with your application |
| Name | Address | Phone |
|  |  |  |
|  |  |  |
| Parent/Guardian Names |
| Name | Relationship: |
| Name | Relationship: |
| Signatures |
| I authorize the verification of the information provided on this form for the “Power to Dream” College Book Scholarship.  |
| Signature of applicant: | Date: |
| HGI Authorized Signature | Date: |

Harvestgirls.com 317.507.5961