

# HARVEST GIRLS "THE POWER TO DREAM" COLLEGE SCHOLARSHIP APPLICATION 2026

## APPLICANT INFORMATION

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:
City:	State:	ZIP Code:
Major:	Minor:	1 <sup>st</sup> time applicant: Yes No

## EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

## SCHOLARSHIP INFORMATION

Do you need this scholarship for: (Check One)		
Books: ___ Yes ___ No	Tuition: ___ Yes ___ No	Other: _____

## ORGANIZATION INFORMATION

Organization(s) you belong to:		
Community Service Work:	How long?	
Desired Occupation:		
Hobby:	Awards:	
Activities:		

## CHARACTER REFERENCES INCLUDE AT LEAST TWO WRITTEN REFERENCES WITH YOUR APPLICATION

Name	Email 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: