| Harvest Girls College Book Scholarship Application | | | |
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| “The Power to Dream” Applicant Information For the Year 2025 | | | |
| 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