Dear Guidance Counselor,

I am applying for The Winnie and Frank Harvey Scholarship of Community Presbyterian Church. I would greatly appreciate it, if you would submit the Guidance Counselor Information Sheet below. **It must be received by the scholarship committee along with a transcript by April 30.** You may return the form to me, to turn in with my scholarship application, or mail it directly to the church address below. Thank you for helping me with this significant scholarship.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**THE WINNIE AND FRANK HARVEY SCHOLARSHIP**

**GUIDANCE COUNSELOR INFORMATION SHEET**

**APPLICANT’S NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNSELOR’S NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TITLE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER OF YEARS APPLICANT HAS ATTENDED THIS SCHOOL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S CUMULATIVE GPA: (UNWEIGHTED)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER OF VERIFIED COMMUNITY SERVICE HOURS APPLICANT HAS ACCUMULATED DURING THE HIGH**

**SCHOOL YEARS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST ANY GRANTS, SCHOLARSHIPS, OR OTHER FINANCIAL AWARDS YOU ARE AWARE THAT THIS APPLICANT WILL RECEIVE. IF STUDENT WILL RECEIVE BRIGHT FUTURES AWARD, LIST WHICH ONE.**

**ATTACH A COMPLETE OFFICIAL HIGH SCHOOL TRANSCRIPT THROUGH THE FIRST SEMESTER OF THIS CURRENT SENIOR YEAR FOR THIS APPLICANT. *Either return the form and transcript to the student to submit with his/her application or mail them to Harvey Scholarship, Community Presbyterian Church, 150 Sherry Drive, Atlantic Beach, FL 32233***

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_\_\_\_\_**