**THE WINNIE AND FRANK HARVEY SCHOLARSHIP STUDENT APPLICATION FOR GRADUATING SENIORS**

Community Presbyterian Church, 150 Sherry Drive, Atlantic Beach, FL 32233

**Completed application and additional forms due into church office by April 30, 2020**

NAME: LAST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MIDDLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**U.S. CITIZEN**  YES\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

STREET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_APT\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE**  (\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF HIGH SCHOOL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS OF HIGH SCHOOL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU AN ACTIVE MEMBER OF COMMUNITY PRESBYTERIAN CHURCH, ATLANTIC BEACH?

IF SO, HOW LONG? YRS \_\_\_\_\_\_ MTHS \_\_\_\_\_\_\_

WHICH SCHOOL WILL YOU ATTEND? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW MANY YEARS DO YOU ANTICIPATE ATTENDING THIS SCHOOL? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT FIELD OF STUDY DO YOU INTEND TO PURSUE?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT OCCUPATION ARE YOU MOST INTERESTED IN?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU PLAN TO WORK A PART-TIME JOB WHILE IN SCHOOL?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST NAMES AND AGES OF OTHER SIBLINGS IN THE FAMILY.**

**IF ANY ARE ATTENDING COLLEGE, LIST THEIR YEAR IN SCHOOL.**

**THE WINNIE AND FRANK HARVEY SCHOLARSHIP**

**PARENT/GUARDIAN FINANCIAL QUESTIONNAIRE**

*To be completed by both parents or legal guardians.*

***ATTACH COPY OF 2019 FORM 1040 FOR EACH PARENT, and for student, if applicable****.*

**GUARDIAN/FATHER’S LAST NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**FIRST**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OCCUPATION\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMPLOYER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YEARS AT CURRENT EMPLOYER** \_\_\_\_\_\_\_\_\_\_ **ARE YOU LEGAL GUARDIAN FOR APPLICANT?** YES NO

**MARITAL STATUS**: *Circle answer*

MARRIED TO STUDENT’S MOTHER MARRIED TO ANOTHER DIVORCED SINGLE WIDOWED

**ANTICIPATED 2020 ANNUAL HOUSEHOLD INCOME** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2019** **ADJUSTED GROSS INCOME (FORM 1040)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WILL THIS PARENT BE ASSISTING WITH COLLEGE/SCHOOL COSTS?** YES NO

**GUARDIAN/MOTHER’S** **LAST NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_FIRST**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OCCUPATION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMPLOYER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YEARS AT CURRENT EMPLOYER** \_\_\_\_\_\_\_\_\_\_ **ARE YOU LEGAL GUARDIAN FOR APPLICANT**? YES NO

**MARITAL STATUS:** *Circle answer*

MARRIED TO STUDENT’S FATHER MARRIED TO ANOTHER DIVORCED SINGLE WIDOWED

***IF FILING SEPARATELY FOR INCOME TAX*, ANTICIPATED 2020 ANNUAL HOUSEHOLD INCOME**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **2019** **ADJUSTED GROSS INCOME (FORM 1040)** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WILL THIS PARENT BE ASSISTING WITH COLLEGE/SCHOOL COSTS?**  YES NO

**OTHER FAMILY CONSIDERATIONS: Please list any other considerations relevant to understanding this student’s/family’s educational financial needs.**

#### THE WINNIE AND FRANK HARVEY SCHOLARSHIP

#### SCHOOL COST AND SOURCE OF FUNDS WORKSHEET

**Complete financial information for the academic year in which the student is requesting scholarship funds. Please attach documentation supporting ALL of the amounts included below. Attach a copy of the EFC (Expected Family Contribution) from the SAR (Student Aid Report) of the FAFSA*.***

NAME OF SCHOOL ATTENDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ***Use Cost Estimates from School*** | **ANNUAL $** | **COMMENTS** |
| Tuition and Fees |  |  |
| Room |  |  |
| Meals |  |  |
| Books and Supplies |  |  |
| **Total Cost** | **$** |  |

|  |  |  |
| --- | --- | --- |
| **SOURCES OF FUNDING** | **ANNUAL $** | **COMMENTS** |
| Bright Futures Awards |  | List which: |
| Pell Grant |  | Annual government grant |
| Academic Grants/Scholarships |  | One time or renewable |
| Athletic Grants/Scholarships |  | One time or renewable |
| Other Grants/Scholarships |  | One time or renewable |
| 529 Plan |  | Total amount: |
| Florida Prepaid Savings |  | Total amount: |
| School Financial Aid Offer |  |  |
| Other sources not listed |  |  |
| **Total Sources** | **$** |  |

#### THE WINNIE AND FRANK HARVEY SCHOLARSHIP SIGNATURE PAGE

**DECLARATION BY APPLICANT: *Both student and parent must sign and date.***

I understand that it is my responsibility to submit a complete application. I certify that all of the information contained in my application form is true, accurate and complete to the best of my knowledge. I understand that if any information submitted to the committee proves to be false, the application will be rejected or the scholarship will be denied or revoked. I understand that the application must be submitted by April 30 in order to be considered.

I understand that receiving the scholarship is a privilege (and not a right), and that Community Presbyterian Church and the Harvey Scholarship Program have no financial obligation to the recipient beyond a one-time disbursement of any awarded funds, provided they enroll in this school. I understand I may renew this scholarship annually for up to four years total if certain conditions are met. I understand it is my responsibility to fill out the forms found in the Christian Education tab of the church website to receive the initial distribution of the scholarship and yearly renewals.

I understand that all decisions about eligibility, application, selection, and disbursement of funds are totally at the discretion of the Harvey Scholarship Committee. I understand that all decisions by the Harvey Scholarship Committee are final with no right of appeal. I agree to indemnify and hold harmless from any and all liability Community Presbyterian Church and the Harvey Scholarship Committee, and all connected with it.

I consent to the review and release of this application to the appropriate persons on the Scholarship Committee.I understand that an interview may be conducted if the scholarship committee determines the need to do so. I understand that I must maintain a minimum unweighted cumulative 2.5 GPA through high school graduation and be registered for post-secondary classes for the fall or the funds will not be disbursed. I understand that if I drop out of school or if this scholarship provides a surplus from other funds received, that I am expected to repay the committee the surplus if it is given to me and not refunded directly to the committee.

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

**PARENT’S/GUARDIAN’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_**