**HARRISBURG FIRST CHURCH OF THE BRETHREN (HFCOB)**

**SCHOLARSHIP FUND APPLICATION**

**SUMMER SESSION: DUE BY MAY 1**

**FALL SEMESTER: DUE BY JULY 1**

**SPRING SEMESTER: DUE BY DECEMBER 1**

**Please complete electronically and return to a member of the Scholarship Fund Committee.**

DATE: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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INSTITUTION ATTENDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attach Acceptance Letter to this application. If reapplying, attach transcript.

AMOUNT OF MONEY REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETE THE FOLLOWING 3 ESSAYS AND ATTACH TO THIS APPLICATION:

1. What would this money help you accomplish?
2. What is your goal for the upcoming academic year?
3. For post-secondary recipients, upon completion of your education, how do you plan to give back to your community?

By signing below, I give permission for a HFCOB Scholarship Fund Committee member to communicate about my financial aid package with the institution I plan to attend. I also give permission for the Scholarship Award to be made public.

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Signature (Applicant or Parent/Guardian if under age 18)