| Harvest Girls College Scholarship Application 2022 | | | |
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| female graduating high school seniors | | | |
| 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: | | | College GPA: |
| Phone: | E-mail: | | Year in College: |
| City: | State: | | ZIP Code: |
| Major: | Minor: | | Are you a previous recipient: |
| Emergency Contact | | | |
| Name of nearest relative: | | | |
| Address: | | | Phone: |
| City: | State: | | ZIP Code: |
| Relationship: | | | |
| Previous Recipients ONLY | | | |
| You do not have to enter high school or high school GPA | | | |
|  |  | |  |
| Personal Information | | | |
| Organization(s) you belong to: | | | |
| Community Service Work: | | | How long? |
| Desired Occupation: |  | |  |
| Hobby: | Awards: | |  |
| Activities: |  | |  |
| References (tEACHER, NEIGHBOR, CHURCH, ETC.) | | | |
| Name | Address | | Phone |
|  |  | |  |
|  |  | |  |
| Parent/Guardian Names | | | |
| Name | | Relationship: | |
| Name | | Relationship: | |
| Signatures | | | |
| I authorize the verification of the information provided on this form for College Scholarship. | | | |
| Print name of applicant: | | | Date: |
| Signature of applicant | | | Date: |

Harvestgirls.com Harvestgirlsinc@gmail.com