

# The Winnie and Frank Harvey Scholarship

Community Presbyterian Church  
150 Sherry Drive  
Atlantic Beach, FL 32233  
Harveyscholarship@outlook.com

## SCHOLARSHIP INITIATION/INITIAL DISBURSEMENT DUE NO LATER THAN SEPTEMBER 1

Return this completed form, a course registration form showing that you are registered for at least 6 semester credit hours for the Fall semester, and a complete high school transcript showing that you maintained a 2.5 unweighted cumulative GPA through the end of your senior year to Harvey Scholarship, Community Presbyterian Church, 150 Sherry Drive, Atlantic Beach, FL 32233 by September 1 to initiate your scholarship and have your first year award sent to your school financial services office.

1. Student First, Middle, Last Name \_\_\_\_\_
2. Student school ID # (or social security number if you have no student ID #) \_\_\_\_\_
3. Student's mailing address at school for this next term  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Student's Email address \_\_\_\_\_
5. Student's phone no. \_\_\_\_\_
6. Parent Name and Email address \_\_\_\_\_
7. Did you maintain a 2.5 unweighted cumulative GPA through the end of your senior year? \_\_\_\_\_
8. Name of the school you will be attending this year \_\_\_\_\_
9. Is the school an accredited two- or four-year college, university, technical, or vocational school within the US?  
YES    NO
10. Address of Financial Services office at school to which scholarship check should be mailed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What field of study/major are you pursuing? \_\_\_\_\_
12. What occupation do you intend to pursue? \_\_\_\_\_
13. Are you enrolled in at least 6 credit hours for this Fall semester? YES    NO    If NO, explain
14. Do you intend to enroll in at least 6 credit hours for the Spring semester? YES    NO    If NO, explain

I understand that funds from this scholarship may be used by the school to cover tuition, fees, books, supplies, and equipment that are required for the courses at the eligible institution. I understand that unused scholarship funds will be returned to the Harvey Scholarship committee. I certify that all information contained in this application is true, complete, and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

