



The Winnie and Frank Harvey Scholarship

Completed Application and Additional Forms Due at the Church Office by May 28, 2021

Applicant Name: _____

Date of Birth: _____/_____/_____

U.S. Citizen YES NO

Address: _____

Best Contact #: _____

Email: _____

High School Name: _____

Address of School: _____

Are you an active member of Community Presbyterian Church? YES NO

If so, for how long? _____

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? _____

Do you plan to work part-time while in college? _____

List the names and ages of other siblings in the family, and if any are attending college, list their year in school.



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Parent/Guardian Financial Questionnaire

To be completed by both parents or legal guardians.

Please Attach a 2020 Form 1040 FOR EACH PARENT and student, if applicable.

Guardian/Mother's Last Name: _____ First Name: _____

Address: _____

Best Contact #: _____ Email: _____

Occupation: _____ Employer: _____

Years at Current Employer: _____ Are you the Legal Guardian for Applicant? YES NO

Marital Status: *Circle answer*

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

Anticipated 2021 Annual Household Income: \$ _____

2020 Adjusted Gross Income (Form 1040): \$ _____

Will This Parent Be Assisting with Applicant's College/School Costs? YES NO

Guardian/Father's Last Name: _____ First Name: _____

Address: _____

Best Contact #: _____ Email: _____

Occupation: _____ Employer: _____

Years at Current Employer: _____ Are you the Legal Guardian for Applicant? YES NO

Marital Status: *Circle answer*

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

Anticipated 2021 Annual Household Income: \$ _____

2020 Adjusted Gross Income (Form 1040): \$ _____

Will This Parent Be Assisting with Applicant's College/School Costs? YES NO



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

SCHOOL COST AND SOURCE OF FUNDS

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. Attach a copy of 2020 Form 1040 for EACH PARENT and student, if applicable.

NAME OF SCHOOL YOU ARE ATTENDING: _____

<i>Use Cost Estimates from School</i>	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	\$	

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.



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I understand that the application must be submitted by May 28th 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/Guardian Signature: _____ Date: _____