

THE WINNIE AND FRANK HARVEY SCHOLARSHIP STUDENT APPLICATION FOR GRADUATING SENIORS

Completed application and additional forms
due at the church office by **April 30, 2022**

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

NAME: LAST _____ FIRST _____ MIDDLE _____

DATE OF BIRTH: _____ / _____ / _____ U.S. CITIZEN: YES _____ NO _____

ADDRESS: STREET _____ APT _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: (_____) _____ E-MAIL: _____

NAME OF HIGH SCHOOL: _____

ADDRESS OF HIGH SCHOOL: _____

ARE YOU AN ACTIVE MEMBER OF ATLANTIC BEACH COMMUNITY PRESBYTERIAN CHURCH: YES ___ NO ___
IF YES FOR HOW LONG? YEARS _____ MONTHS _____

WHICH SCHOOL WILL YOU BE ATTENDING: _____

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 YOUR FAMILY, AND IF ANY ARE ATTENDING COLLEGE,
PLEASE LIST THEIR YEAR IN SCHOOL:

THE WINNIE AND FRANK HARVEY SCHOLARSHIP
PARENT/GUARDIAN FINANCIAL QUESTIONNAIRE

*ATTACH COPY OF **2021** FORM 1040 FOR EACH PARENT, and for student, if applicable.
To be completed by both parents or a legal guardian.*

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 **2022 ANNUAL HOUSEHOLD INCOME** \$ _____

2021 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 2022 ANNUAL HOUSEHOLD INCOME: \$ _____

2021 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. Attach a copy of 2021 Form 1040 for EACH PARENT and student, if applicable. Note: page 2 and 3 containing financial information will be shredded immediately after selections are mad

NAME OF SCHOOL 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	\$	

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 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** 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 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:** _____