

# THE WINNIE AND FRANK HARVEY SCHOLARSHIP STUDENT APPLICATION FOR GRADUATING SENIORS

Completed application and additional forms  
due at the church office by **April 30, 2024**

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:

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THE WINNIE AND FRANK HARVEY SCHOLARSHIP  
PARENT/GUARDIAN FINANCIAL QUESTIONNAIRE

**ATTACH COPY OF 2023 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 2024 ANNUAL HOUSEHOLD INCOME \$ \_\_\_\_\_

2023 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 2024 ANNUAL HOUSEHOLD INCOME: \$** \_\_\_\_\_

**2023 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.

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# 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 any documentation available to support 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 **2023** Form 1040 for EACH PARENT and student, if applicable. Note: pages 2 and 3 containing financial information will be shredded immediately after selections are made.

NAME OF SCHOOL ATTENDING: \_\_\_\_\_

<i>Use Cost Estimates from School</i>	ANNUAL \$	COMMENTS
Tuition and Fees		
Room		
Meals		
Books and Supplies		
<b>Total Cost</b>	<b>\$</b>	

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		
<b>Total Sources</b>	<b>\$</b>	

# 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.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_