

Harrisena Community Church
1616 Ridge Road, Queensbury, New York, 12804
Phone #792-1902 & FAX #743-0453

SCHOLARSHIP APPLICATION

(This application, in order to be considered, must be **TYPEWRITTEN**. The information provided will be kept strictly confidential.)

1. Name: _____
1. Mailing Address: _____
1. School you attend: _____
1. School you plan to attend this Fall: _____

1. Educational Goal: _____
1. Summer and/or Part-Time Jobs: _____

1. Father's Name: _____
1. Mother's Name: _____
1. List Brothers & Sisters (names, ages, schools): _____

1. High School Seniors are requested to have their Guidance Counselor forward to the Scholarship Committee an Official Transcript, exclusive of standardized and IQ Scores. The Transcript should include class rank in quarters. Transcript **must be received by June 4th, 2010 by 5 PM.**
1. College Students should submit their latest Official Transcript or copy of grade reports. These must be received by **June 4th, 2010 by 5 PM.**
1. Submit **two current** Letters of Recommendation from non-relatives. (Examples: Teachers, employers, neighbors, community leaders, etc.)
1. ALL MATERIALS **MUST BE RECEIVED** BY THE Scholarship Committee by **Friday, June 4th, at 5 PM.**

HARRISENA COMMUNITY CHURCH - **SCHOLARSHIP APPLICATION** (page 2)

A. Describe your personal interest in Harrisena Church:

A. Describe your involvement in the community:

A. How have your extra-curricular activities helped you grow and develop?

A. Describe your relationship with your family and discuss how you help at home:

ESTIMATED BUDGET

Estimated Cost per Year:

Maximum Financial Aid Anticipated:

Tuition _____

Self-Contribution(Summer and/or Part-Time Jobs, etc.)

Room _____

Board _____

Books _____

Fees _____

Contributions from Other Sources:

Other School-related Expenses:

TOTAL: _____

TOTAL: _____

Estimated TOTAL DEFICIT: _____
(Differences between Costs & Aid)

Please **state any unusual financial circumstances in your family**, such as medical expenses, unemployment, or anything that might affect your need for assistance:

Applicant's Signature: _____

Date: _____

ALL PARTS OF THIS APPLICATION **MUST BE COMPLETED** AND RECEIVED BY THE SCHOLARSHIP COMMITTEE BY **FRIDAY, June 4th, 2010, at 5 PM.**

Mail To: Scholarship Committee
c/o Harrisena Community Church
1616 Ridge Road
Queensbury, NY 12804