

LAURA LEE HARRINGTON MEMORIAL SCHOLARSHIP APPLICATION

**STUDENT & FAMILY INFORMATION**

Last name, First name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Current Occupation \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Current Occupation \_\_\_\_\_

Number of family members currently living at home \_\_\_\_\_ How many family members will be in college in the fall? \_\_\_\_\_

With whom do you live? Both parents  Mother only  Father only  Other (explain)

How do you plan on paying for your schooling?  
\_\_\_\_\_

**ACADEMIC INFORMATION**

Name of High School \_\_\_\_\_ Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_

Rank in your class: \_\_\_\_\_ of \_\_\_\_\_ SAT CR \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ TTL \_\_\_\_\_ ACT \_\_\_\_\_

List Colleges or Technical Schools to which you have applied:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been admitted? Still Waiting?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES

List the major field of study you plan to pursue:  
\_\_\_\_\_

**ACTIVITIES, EXPERIENCE & AWARDS**

School & community activities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Positions of responsibility and leadership  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors & awards  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work experience	Employer	Duties	Dates of employment

I hereby attest that the information I have provided in this application packet is true. I understand that I am solely responsible for knowing scholarship requirements and for the completeness and quality of my application. I will not be given an opportunity to add additional information/documentation after the deadline. I also understand that all scholarship committees' decisions are final. Deliberations of said committees are confidential and will not be disclosed to applicants.

Signature of student \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian authorizing the release of all information contained in this packet to scholarship organization.  
\_\_\_\_\_

Attach additional pages if necessary to complete the items listed above. Do not write "see resume". Instead, complete this page with the most important information, and attach any additional information on a separate piece of paper.

The following items should be attached in this order for all applications:

- 1. A personal statement expressing your interests and why you should be considered for a scholarship (one page or less.)
- 2. A copy of your high school transcript OR memo signed by HS counselor verifying GPA/Class rank.
- 3. Reference letters - 2 minimum per applicant; more are acceptable but not required
- 4. FAFSA Student Aid Report (SAR) with Expected Family Contribution (EFC)