

# William D Harmon Memorial Scholarship

**NAME:**

*Last*

*First*

*Middle*

**ADDRESS:**

*Street*

*City*

*State*

*Zip Code*

**TELEPHONE NUMBER:**

**DATE OF BIRTH:**

**CURRENT GRADE POINT AVERAGE:** \_\_\_\_\_/4.0

**CLASS RANK** \_\_\_\_ / \_\_\_\_\_

**FATHER'S:**

**Name:**

**Occupation:**

**Employer:**

**MOTHER'S:**

**Name:**

**Occupation:**

**Employer:**

**NUMBER OF BROTHERS:**

**NUMBER OF SISTERS**

**Have you been accepted to a College?** YES  NO

**Name and location of school you are planning to attend:**

**What course(s) of study will you pursue?**

**What other scholarship aid are you seeking?**

**Have you been awarded any other Financial Aid, if so, what?**

**What extracurricular activities are you involved in?**

**What's the most valuable lesson you've learned throughout your high school career?**

**Additional Comments:**

\* Due: April 1st in the Jennings County High School Guidance office