



Harrisonburg Education Foundation Scholarship Program 2009

The Harrisonburg Education Foundation is pleased to offer scholarships to graduating Harrisonburg High School students.

ELIGIBILITY

The applicant must:

- **Be a resident of Harrisonburg, graduating from Harrisonburg High School**
- **Be planning to pursue a career in education**
- **Enter a college or university by September following the date of application for the scholarship**
- **Must have a grade point average of 2.5 (on a 4.0 scale) or better**
- **Submit a letter of recommendation from a teacher at Harrisonburg High School.**

The completed application must be returned to the guidance office by April 24, 2009.

Packet must include the 2009 Student Application, School Administration Support Form, letter of recommendation, and transcript.



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Student Application

To be completed by student and returned to the Guidance Office.
Application must be complete and signed no later than April 24, 2009.

Name: _____ Grade: _____

Address: _____

Email Address: _____

Phone: _____ SSN: _____

College or University Planning to Attend: _____

Major: _____ Have You Been Accepted? _____

Tentative Career Plans, Including Subject, Grade Level or Field:

Reasons For Choosing Education and How You Believe You Will Make A Difference:



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Activities

List community activities/experiences:

Organization	Offices Held	School Years	Hrs/Wk

List Honors Received:

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List work experiences:

Employer	Type of Work	Hrs/Wk	Date of Employment

List school activities/clubs/experience:

Organization	Club	Offices Held	Years



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Signatures

I have read the regulations pertaining to the Harrisonburg Education Foundation Scholarship Program. If chosen for a scholarship grant, I agree to fulfill the obligation.

(Signature of Applicant)

(Date of Application)

TO BE COMPLETED BY PARENT OR GUARDIAN:

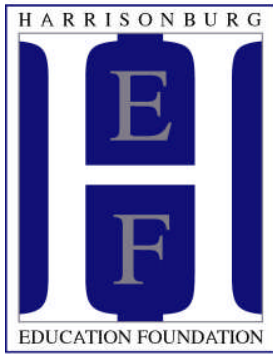
I have read this application and certify that information given here is correct. I believe that the applicant is serious in intent to complete a college education and with the help from the scholarship grant will be able to finance it.

Other Comments:

(Signature of Parent or Guardian)

(Date)

I have reviewed the application and to the best of my knowledge all information is accurate.



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School Administration Support Form

Student Name: _____

Size of Graduating Class: _____ Class Rank if Applicable: _____

GPA: _____ Scale: _____

Indicate below your understanding of the individual's likelihood to complete college and other supporting information:

Attach a transcript of the student's high school record and a letter of recommendation from a teacher at Harrisonburg High School.

(Signature of Guidance Counselor)

(Date)

I have reviewed the application and to the best of my knowledge all information is accurate.

(Signature of High School Principal)

(Date)

I have reviewed the application and to the best of my knowledge all information is accurate.

**Mail To: Harrisonburg Education Foundation
Scholarship Committee**