



## **Lt. Col. Robert T. Hering Memorial**

### Application Form

**Application Deadline: April 24, 2009**

The Harrisonburg Education Foundation is pleased to offer the Lt. Col. Robert T. Hering Memorial Scholarship to a male student graduating from Harrisonburg High School to be used for his college tuition and expenses.

### Eligibility

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- Must be a male student graduating from Harrisonburg High School
- Must be entering an accredited college or university by September following the date of application
- Must have an average of 2.5

### Guidelines

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- Amount of the Scholarship: \$1,000
- Scholarship funds must be used for college expenses
- Payment will be made to the college
- Verification of college acceptance must be provided before scholarship funds are awarded

### Instructions

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- Complete the application and include the following:
  - A letter of recommendation from a teacher at Harrisonburg High School.
  - An official copy of your current high school transcript.

## General Information \_\_\_\_\_

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent(s) or Guardian (s): \_\_\_\_\_

College or University you plan to attend: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

## Activities \_\_\_\_\_

List community activities/experiences:

Organization	Offices Held	School Years	Hrs/Wk

List Honors Received:

List work experiences:

Employer	Type of Work	Hrs/Wk	Date of Employment

List school activities/clubs/experience:

Organization	Offices Held	Description of Duties	Years

## Signatures

I have read the regulations pertaining to the Lt. Col. Robert T. Hering Scholarship.

\_\_\_\_\_  
(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 of the scholarship grant will be able to finance it.

Other Comments:

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date of Application)

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

HARRISONBURG EDUCATION FOUNDATION  
Lt. Col. Robert T. Hering Memorial Scholarship

# School Administration Support Form \_\_\_\_\_

(TO BE COMPLETED BY GUIDANCE DEPARTMENT)

Student Name: \_\_\_\_\_

Size of Graduating Class: \_\_\_\_\_ Class Rank: \_\_\_\_\_

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.**

\_\_\_\_\_  
(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

**Application Deadline: April 24, 2009**