

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

SCHOLARSHIP APPLICATION

(The application information provided will be kept strictly confidential.)

1. _____
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 on June 7, 2024, by 5 PM.**
1. College Students should submit their latest Official Transcript or copy of grade reports.
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 **as soon as you are able.**

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 **before June 7, 2024, by 5 pm.**

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