

THE BOARD OF DIRECTORS OF THE
DR. J. ELMER HARP MEDICAL CENTER
P.O. BOX 846
MIDDLETOWN, MD 21769



APPLICATION FORM

**Dr. J. Elmer Harp Family
Memorial Scholarship**

**Gloria M. "Stretch" Grossnickle
Scholarship Fund**

PLEASE TYPE OR PRINT

DATE: _____

I PERSONAL DATA

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

TELEPHONE NO.: (Home) _____ (Cell) _____

If presently attending college and living away from home, name and address of college:

Telephone No. _____

If you are claimed as a dependent on a parent/guardian's Federal Income Tax return, please provide the following:

NAME PARENT/GUARDIAN: _____
(Please provide names and contact information for both parents.)

HOME ADDRESS: _____

TELEPHONE NO.: _____

II ACADEMIC DATA

Name of high schools, preparatory schools, colleges/universities you have attended or are attending and dates of enrollment. List most recent first.

<u>School</u>	<u>Date Enrollment</u>	<u>Field of Study</u>	<u>GPA</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

IV REFERENCES

Give the name of one (1) reference from an academic source. The reference must provide a written letter of recommendation. The Letter should be sealed and accompany the application packet.

1. _____

V LIST COMMUNITY/CIVIC ACTIVITIES

1. _____

2. _____

3. _____

4. _____

VI EMPLOYMENT DATA (START WITH LAST POSITION HELD)

Date From/To	Company	Position	Salary Rate
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1. _____

2. _____

3. _____

4. _____

I certify that all information contained within this application is, to the best of my knowledge, true and accurate.

Applicant Signature: _____ Date: _____

FAMILY QUESTIONNAIRE: Parent/Guardian Income:

- () 0 - 25,000
- () 25,001 - 50,000
- () 50,001 - 75,000
- () 75,001 - 100,000
- () 100,001 - 150,000
- () 150,001 - over

Number of Dependents: _____

Number of children currently in college not including applicant: _____

Signature Parent/Guardian: _____ DATE: _____

(Printed name of Parent/Guardian) _____