

THE BOARD OF DIRECTORS OF THE
DR. J. ELMER HARP MEDICAL CENTER
P.O. BOX 856
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 OF 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 of Enrollment</u>	<u>Field of Study</u>	<u>GPA</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

New college students, list the schools to which you have applied and your acceptance status.

<u>School</u>	<u>Acceptance (Yes/No)</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

III FINANCIAL/CAREER INTEREST

In a brief essay: 1) tell us something about yourself and why you chose to pursue a career in medicine; 2) explain how the scholarship will help you achieve your goal; and 3) describe your financial resources for college.

*Include a full copy of the FAFSA Form.

List other scholarships received and/or for which you have applied.



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 MOST RECENT POSITION HELD)

<u>Date From/To</u>	<u>Company</u>	<u>Position</u>	<u>Salary/Rate</u>
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) _____