

Deadline 10/30/12

APPLICATION FOR
CHANCE HARMAN MEMORIAL SCHOLARSHIP

Name: _____ Date of Birth: _____
Address: _____ Telephone Number: _____
Parents: _____ GPA: _____

Names of Colleges or Universities for which you have applied for admission:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

- On an additional sheet:
- Tell us about yourself and what you goals are in life, i.e. education, career, etc.
 - Why do you desire this scholarship?
 - What is one trait that sets you aside from others?

List extra circular activities: Clubs: _____
Sports: _____
Awards: _____

Please Include Two (2) Letters Of Recommendation With This Application Or Have Them Forwarded To This Committee. Thank You!

RELEASE & AGREEMENT

I, _____, do hereby authorize the principal of Floyd County High School to make available to the Board of Trustees of the Chance Harman Memorial Scholarship Fund, Inc. a copy of my academic record for their use in evaluating my application for a scholarship.

I understand that I must first be admitted to a four year college or university or a two year Virginia Community College and that as a part of this application, a copy of the letter or other notice which informs me that I have been accepted to the College or University to which I have been admitted, will be attached to and made a part of this application. I further understand that this scholarship will not be paid directly to me, but will be forwarded to the College or University to which I have been admitted, should I be granted this scholarship, to be credited on my first tuition bill. If the registration in the College or University is canceled by me, then the scholarship funds will be returned to the scholarship fund, by the College, University, or me. I understand that if I withdraw my registration or otherwise cancel it, and do not attend the College or University, then I am responsible for insuring that the amount of the scholarship is returned to the trustees of this scholarship fund. I understand that if I am selected to be the recipient of this scholarship, that I will be so notified at the Awards Presentation.

I further understand that I shall have participated in a Floyd County High School sport and have been a participant in the Fellowship of Christian Athletes.

I understand that this scholarship will be awarded for the first year of college only, in amounts to be determined by the Trustees, annually.

Dated: _____

(Applicant's Signature)