

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. _____	_____	_____	_____

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) _____