

# PATH TO SCHOLARSHIPS FUND – HARVEST OF HOPE FOUNDATION

Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Single or Married

Highest Grade in School Completed \_\_\_\_\_

High School GPA \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Do you live with both parents? \_\_\_\_\_ If not, with whom do you live? \_\_\_\_\_

Number of Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Number of Brothers \_\_\_\_\_ Ages \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Annual Family Income – Father \_\_\_\_\_ Mother \_\_\_\_\_

Student \_\_\_\_\_ Other \_\_\_\_\_

List the cities and states in which you or your family worked in agriculture for the past two years: \_\_\_\_\_  
\_\_\_\_\_

List the names of the employers for whom you have worked and the type of work you did: \_\_\_\_\_  
\_\_\_\_\_

Does your family own their home or rent? \_\_\_\_\_ Value of Home \_\_\_\_\_

Number of Cars in Family \_\_\_\_\_

Year and Model of each Car \_\_\_\_\_

Will your parents or family pay part of your school bill? \_\_\_\_\_ If so, how much? \$ \_\_\_\_\_

Do you have any federal grants or scholarships? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Will you have a job to pay part of your school bill? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Do you have an outstanding balance on your school account or any loans? \_\_\_\_\_

How much? \$ \_\_\_\_\_

Are there any unusual circumstances you would like to explain or any comments you would like to make concerning your financial situation?

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What college do you plan to attend? \_\_\_\_\_ Accepted \_\_\_\_\_

Or what college are you presently attending? \_\_\_\_\_

College major \_\_\_\_\_ College Credits/Classification \_\_\_\_\_

Overall Grade Point Average \_\_\_\_\_

What are your overall educational plans and objectives? \_\_\_\_\_

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Describe your most challenging obstacle and how did you overcome it? \_\_\_\_\_

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School Activities-Positions Held: \_\_\_\_\_

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Community Service-: \_\_\_\_\_

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Describe your future plans? \_\_\_\_\_

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How and where do you plan to make a difference after you graduate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel you should be awarded this scholarship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. School Expenses: Tuition/Fees, Room/Board, Books, Transportation, Misc.  
Approximate Total \$ \_\_\_\_\_

B. Total of Parents/Family, Student Contribution, and Scholarships/Federal Financial  
Aid/Grants Total \$ \_\_\_\_\_

C. Total Financial Need (A. Total school expenses minus B. Total funds available) Total  
\$ \_\_\_\_\_

College Address and Student Box # \_\_\_\_\_

E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_

Advisor \_\_\_\_\_

**Please attach a copy of your parent's latest 1040 income tax form with W-2's or other  
proof of income,**

**FAFSA Student Aid Report (if available), two recommendation letters, and a transcript.**

***By signing this application you confirm that the above information, facts, numbers, and  
figures are accurate and true.***

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Please mail to: June McBride, P.O. Box 536, Oakland, Florida 34760 No application  
deadline.**