

JEANINE L. HARVEY MEMORIAL SCHOLARSHIP  
 SCHOLARSHIP APPLICATION (GRADUATING SENIORS ONLY)

**DIRECTIONS:**

Complete this form and send the completed application to the Superintendent's Office, Baker County School District, 270 South Boulevard East, Macclenny, Florida 32063. **Application deadline is Friday, April 13, 2018.** Eligibility criteria include, but are not limited to the following: grade point average of 3.00 or above and 20 volunteer hours or community service.

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_  
 (Street or P.O. Box) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Number in immediate family: \_\_\_\_\_ **Range of Household Income:**  
 \_\_\_\_\_ Less than \$30,000  
 \_\_\_\_\_ \$30,000 - \$50,000  
 \_\_\_\_\_ \$51,000 - \$70,000  
 \_\_\_\_\_ \$71,000 and above

Grade Point Average: weighted \_\_\_\_\_ unweighted \_\_\_\_\_

TEST SCORES		
ACT: Date _____	English	
	Science Reasoning	
	Math	
	<b>Composite Score</b>	
SAT: Date _____	Math	
	Verbal	
	<b>Composite Score</b>	

Florida Bright Future Academic Scholar Candidate?  Yes  No  
 Florida Bright Future Medallion Scholar Candidate?  Yes  No  
 Florida Vocational Gold Seal Certificate Candidate?  Yes  No

Have you applied to college? \_\_\_\_\_ Where? \_\_\_\_\_

What do you plan to major in? \_\_\_\_\_

Describe any work-experience you have: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the type and number of community service hours you have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe honors and other awards you have received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extracurricular Activities (clubs, organizations, leadership positions held, length of involvement):  
(Please attach an extra page if more space is needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received or do you anticipate receiving any other scholarship ore financial assistance?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please discuss your future plans and career aspirations and how this scholarship will help you attain these  
goals: (Please attach an extra page if more space is needed.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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