Fairfield Grace United Methodist Church

1089 Fairfield Woods Rd., Fairfield, CT 06825-3229 (203) 374-6528 or Fax (203) 372-0179 or fairfieldgrace@sbcglobal.net

HAROLD AND BETTY HARRIS SCHOLARSHIP FUND

Initial Application for Scholarship Award (2019-2020)

(Please send this completed form with attached letters of recommendation to the church office)

NO LATER THAN APRIL 15

Name	Telephone (Home and Cell)
	Email/Text
High School	GPA/
College/University	
Church activities in which ye	ou have participated at Fairfield-Grace (give number of years/dates):
Church/Sunday School/Yout	th Group Attendance:
List any church activities and	d nature of your participation including any leadership roles:
(PLEASE ATTACH LETT	TER OF RECOMMENDATION FROM AN ADULT WHO HAS AST OBSERVED YOUR PARTICIPATION IN ACTIVITIES)
	er experiences: TER OF RECOMMENDATION FROM AN ADULT WHO HAS AST OBSERVED YOUR PARTICIPATION IN ACTIVITIES)
What are your objectives for	college and the future, and how will your faith life be part of it?
(PLEASE FILL OUT FOR	RM COMPLETELY. USE SEPARATE PAGES IF NEEDED)
Signed	Date

ADDITIONAL INFORMATION