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 (2024-2025)

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

NO LATER THAN MAY 15

Name	Telephone (Home and Cell)
Address	Email/Text
High School	GPA
College/University	
Church activities in which y	ou have participated at Fairfield-Grace (give number of years/dates):
Church/Sunday School/You	th Group Attendance:
	d nature of your participation including any leadership roles: FER OF RECOMMENDATION FROM AN ADULT WHO HAS
	AST OBSERVED YOUR PARTICIPATION IN ACTIVITIES)
`	eer experiences: FER OF RECOMMENDATION FROM AN ADULT WHO HAS AST OBSERVED YOUR PARTICIPATION IN ACTIVITIES)
What are your objectives for	r 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