Fairfield Grace United Methodist Church 1089 Fairfield Woods Road, Fairfield, CT 06825-3229 (203) 374-6528 or fairfieldgrace@sbcglobal.net

HAROLD AND BETTY HARRIS SCHOLARSHIP FUND

Re-application for Scholarship Award (2025-2026)

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

NO LATER THAN APRIL 21

Name	Telephone	
Home Address		<u>Email</u>
College/Univ		_Email
Your class level next fall: Soph/J	Ir./Sr	Current GPA
College/Address		
College/AddressFairfield Grace attendance/activities		
List church activities and nature of	f your participation inclu	uding any leadership role (Yrs./Dates):
		ION FROM AN ADULT WHO HAS
SUPERVISED OR AT LEAST (OBSERVED YOUR PA	ARTICIPATION IN ACTIVITIES)
How are you keeping an active fai	th life while in college?	
·	OF RECOMMENDAT	eaks and summers: ION FROM AN ADULT WHO HAS ARTICIPATION IN ACTIVITIES)
What are your objectives for the fu	uture, and how will your	faith life be part of it?
(PLEASE FILL OUT FORM CO	OMPLETELY. USE S	EPARATE PAGES IF NEEDED)
Signed		Date

ADDITIONAL INFORMATION