

E. Bernice Harris Scholarship Application Form

This form must be completed and signed by the applicant, applicant's Shepherd and applicant's YED Supervisor.

Falsification of any information will result in disqualification for competing in the Scholarship Competition.

Applicant Information

Applicant's Name: _____

Email Address: _____

Phone Number: () _____ Willing to receive text messages? Yes No

High School Graduation Year: _____

College you plan to attend: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

How long have you been a member? _____

Local Church Information

Band/Temple Number _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

District: _____

Shepherd's Name: _____

YED Supervisor's Name: _____

Local Involvement and Future Plans

In the space below or on a separate sheet, describe the applicant's involvement with their local band.
