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 Graduatio	n Year:		
College you plan to att	end:		
Home Address:			
City:	State:	Zip Code:	
How long have you be	en a member?		
Local Church In Band/Temple Number			
Church Address:			
City:	State:	Zip Code:	
District:		_	
Shepherd's Name:			
YED Supervisor's Name	e:		
	ent and Future P on a separate sheet, des	lans scribe the applicant's involvement with their local band.	

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In the space below or on a separate sheet, describ improve the church after college.	e the applicant's college and career goals, and how they plan to
	
Signatures	
By signing below, you acknowledge that all inform knowledge.	nation present in this form is true to the best of your
Applicant's Signature	Date:
Shepherd's Signature	Date:
YED Supervisor's Signature	Date: