

## **2020 Hillsboro Educational Foundation Holly Harvey Memorial Scholarship**

The \$500.00 Holly Harvey Memorial Scholarship will be awarded annually to a deserving Hillsboro High School senior pursuing training in the medical field. Holly Harvey served the Hillsboro community as both a Licensed Practical Nurse (LPN) and as an Emergency Medical Technician (EMT) for almost twenty years.

**Criteria (only applicants who submit a completed application will be considered):**

**1) The recipient must be enrolled or accepted as a full-time student at an accredited school pursuing training in the medical field.**

**2) Consideration will be given to the following:**

❖ **Class Rank (25%)**

**Demonstrated by class rank**

❖ **Income of Student & Parent (25%)**

**Family income, demands on income (family size, college cost, unusual circumstances).**

❖ **Cost of college education (25%)**

**The cost of college education is defined by actual cost minus any scholarships, grants, and/or financial aid awarded as determined by actual documentation from the institution the student intends to attend which accompanies the application. The application requires that the student and parents give information concerning any scholarships, grants, and financial aid that they are aware of or expect to receive.**

❖ **Available assets (25%)**

**The student will be required to submit the Student Aid Report (SAR – result of completing FAFSA).**

**3) Forms needed with application**

❖ **Most recent completed FAFSA form;**

❖ **Documents showing costs of education along with evidence of grants, financial aid and scholarships;**

❖ **Document indicating student's class rank.**

**4) This scholarship is announced at the Hillsboro High School Honor's Night.**

**5) The Foundation awards one \$500 scholarship each year (dependent on funds).**

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Holly Harvey Memorial Scholarship**

**Only completed applications will be considered. A completed application includes answering the questions below. Applicant can use the backside of this paper to expound on questions listed on this application.**

Name of Applicant: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Telephone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Dad's Place of Employment: \_\_\_\_\_

Mom's Place of Employment: \_\_\_\_\_

# of Siblings: \_\_\_\_\_ # of Siblings in College/Trade School: \_\_\_\_\_

indicate school(s): \_\_\_\_\_

Adjusted gross income from last year

Any unusual demands on family income? \_\_\_\_\_

\_\_\_\_\_

List other financial aid that you will receive (scholarships, grants, etc.): \_\_\_\_\_

\_\_\_\_\_

High School G.P.A. \_\_\_\_\_ High School Rank \_\_\_\_\_ ACT Composite Score \_\_\_\_\_

At which university/school will you be attending: \_\_\_\_\_

What area of study: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**This application is due at the counselor's office by March 18, 2020**