Write ***legibly*** or type these forms. Information on this application supplements the high school application information on file in the Foundation office and should include experiences **since the last application**. ***You must have received a scholarship from HCHS after your high school senior year to be eligible to apply again.***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H.S. Class of \_\_\_\_\_\_\_\_\_ (yr.)

Graduate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School, Henry County, GA

Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a dependent of your parents for tax purposes? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Are there other siblings or a parent in the family group currently in college? Yes \_\_\_\_ No \_\_\_\_\_

If “yes,” please provide name/relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If married, name of spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am now attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and in the 1st \_\_\_ 2nd \_\_\_ 3rd \_\_\_ 4th \_\_\_ year

of my \_\_\_\_\_\_\_\_\_\_\_\_ year program with \_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester hours required after June 2025.

My major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next term I plan a transfer to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No transfer planned \_\_\_\_

**Please provide the following information as attachments to this application:**

1. **List** any **honors and recognitions** that you have received since the deadline of your last application (January 2024).
2. **List** **work experiences** and the duration of each.
3. **List** any **community and/or college extracurricular activities**.
4. **Include a copy of a “thank you” note you sent to your benefactor.**
5. **Write a statement** (No more than 1 page) regarding the progress of your academic study/experiences.
6. **SEND AN *OFFICIAL* TRANSCRIPT OF YOUR COLLEGE WORK. It should be in a sealed envelope from the institution. They will hand it to you or mail one for you if you request it.**
7. **Complete the financial form and attach a copy of your parents’ (whoever claimed you as a dependent) previous year’s (2023) federal tax return, page 1 *only* of the 1040. We are looking at the AGI and number of dependents.** These records are confidential and will be shredded after examination. You may cover the SS #’s.
8. **Sign the consent to use your picture (Likeness); we have the one from your first application unless you want to send a new one.** (*Please sign by hand, not with a computer signature*.)
9. **The completed packet must *REACH* the HCSF not later than midnight on JANUARY 31, 2025.** *Do not waste money sending it by special means. Do NOT wait until January 30 to mail it. If you prefer to deliver it, e-mail me, and I will give you the address.*

**FINANCIAL INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2025-2026 College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected expenditures for 2025-2026 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Projected needs for 2025-2026 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial obligations in this **current** year (‘24-‘25}: Projected sources of support for 2025-2026:

Tuition $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hope Scholarship $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Work Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pell Grants \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Equalization Grant\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Computer/Lab fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scholarships \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commuting \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job, not Work Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Miles per week if residing at home) \_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has there been any major change in the family income since the 2023 tax return? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain any circumstances that limit greater financial support by your family for your educational program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions: **E-mail:** [**HenryCountyScholarships@gmail.com**](mailto:HenryCountyScholarships@gmail.com)

Mail to: **Henry County Scholarship Foundation, Inc.**

**P.O. Box 880 McDonough, GA 30253**

**OR**

Deliver to: **114 College Street**

**McDonough, GA 30253 ( Put in black mailbox in backyard.)**

By signing below, I consent to have my name, image, voice, likeness, speech,

and biographical information (“Likeness”) captured by photograph, videotape,

and/or otherwise recorded by the Henry County Scholarship Foundation (or its agents).

I grant the Henry County Scholarship Foundation the right to use my Likeness for

any purpose, commercial or non-commercial, as it may see fit.  This grant of

permission is made on a royalty-free, perpetual, irrevocable, non-exclusive basis,

and will apply in any media now known or later invented, and with the express

understanding that I will not be given a right of approval or advance notice of

any particular use of my Likeness.

Signature:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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