

**THE LEON AND ARLINE HARMAN FOUNDATION
SCHOLARSHIP APPLICATION**

Name: _____
Last First Middle

Address: _____
Street

City State Zip Code

Contact Phone Number: _____

Email Address: _____

Social Security Number: _____

Birth date: _____ Marital Status: _____

U.S. Citizen: _____
Yes or No

If not a U.S citizen:
Are you a permanent resident with an alien registration card (I-551)? _____
Yes or No

Are you a conditional permanent resident with a (I-551C) card? _____
Yes or No

What is your state of legal residence? _____
List State (California, Utah, Washington, Colorado)

PREVIOUS EDUCATION

High School Graduate: _____
Yes or No

If yes, name of high school and year graduated: _____

If no, do you have a GED certificate? _____
Yes or No

Have you previously attended a college or university? _____
Yes or No

If yes, name of college and dates attended: _____

Number of college credit hours accumulated: _____

Name of college you are planning to attend this fall: _____

Have you been admitted yet? _____
Yes or No

What field of study would you like to major in? _____

Estimated costs for tuition, student fees and books for fall semester: _____

EMPLOYMENT INFORMATION

Name of restaurant/company you work for: _____

Employee Number: _____

Restaurant/company address: _____

Manager/Supervisor's Name: _____

Work phone number: _____

Date you were employed: _____

Note: The applicant must have worked for one of the approved companies for at least one year and have worked a minimum of 625 hours during the qualifying year before being eligible for the Scholarship. (1 year of employment by the time school starts.)

Refer to the Scholarship General Information Sheet for details on other documents and information that is to be submitted with this application in order to be eligible for the scholarship. Incomplete applications will not be considered for the scholarship.

FINANCIAL INFORMATION

The Leon and Arline Harman Foundation Scholarship Program is designed to help employees who would otherwise have a financially difficult time attending college.

Number of family members in your home: _____

Your estimated yearly income: _____

Parents' income (if applicable): _____

Spouse's income (if applicable): _____

Total Income: _____

I certify that the financial and general information that I have provided in this application is accurate to the best of my knowledge.

Signed: _____ Date: _____