

## HART FAMILY FOUNDATION SCHOLARSHIP

*My wife Joan Johnston and I both were born and grew up in Clarksburg. We both appreciate the up-bringing and education we received during that time. We are sponsoring scholarships up to \$5,000 each to deserving graduates from Bridgeport High School, Liberty High School, Notre Dame High School and/or Robert C. Byrd High School.*

*Robert J. Hart*

### **The criteria for selection of these students is as follows:**

- The student may select any accredited college or university of his/her choice.
- The up to \$5,000 per year scholarship will be donated to the student's choice college or university to cover the student's costs. Payment of ½ of the scholarship will be made each semester.
- The student's parents or guardians have not earned more than \$35,000 per year. An additional \$5,000 per year of earnings may be taken into consideration for each additional dependent. Tax receipts from the last year should be submitted.
- The student has participated in either sports, music, drama, community services or other extracurricular activities.
- The selected student will maintain a grade point average of 2.5 for each semester for the first two years and a 3.0 GPA for each semester thereafter to remain eligible to maintain the scholarship.
- The student must earn **15 credit hours per semester** to remain eligible.
- Students receiving scholarships are required to supply a copy of their grades each semester to remain eligible. These grades **must** be submitted to Mr. Lindy Bennett.

Please note: Return your application to your high school counselor by **April 3, 2008**.  
Request that your references be sent to:

Mr. Lindy Bennett  
Harrison County Board of Education  
P. O. Box 1370  
Clarksburg, WV 26302-1370

Revised 02/10/06

**HART FAMILY FOUNDATION SCHOLARSHIP**

Harrison County Board of Education

PO Box 1370

Clarksburg WV 26302-1370

Date \_\_\_\_\_

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Current Address: \_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ School/Work Phone: \_\_\_\_\_

4. Permanent Address: \_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip)

5. County of Residence : \_\_\_\_\_  
How long? \_\_\_\_\_ years \_\_\_\_\_ months

6. Father's or Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Father's or Guardian's Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Mother's or Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mother's or Guardian's Occupataion: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

page two

7. List other dependent family members in the same household, their relationship to you, their ages and indicate if they are employed full-time or are college students.

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8. Major/Field of Study: \_\_\_\_\_  
Anticipated graduation date: \_\_\_\_\_

9. List other scholarships, grants and loans you are seeking or have been awarded.

_____	_____	Granted ( )	Pending ( )
Source	Amount Sought/Received		
_____	_____	Granted ( )	Pending ( )
Source	Amount Sought/Received		

10. Where do you expect to obtain funds for school; estimate amounts:

Scholarship \_\_\_\_\_ Parents \_\_\_\_\_ Part-Time Work \_\_\_\_\_ Other \_\_\_\_\_

11. Circle family income range:

Under \$10,000	\$10,000-\$14,000	\$15,000-\$24,999
\$25,000-\$34,999	\$35,000-\$44,999	Over \$45,000

12. Please state any unusual family or personal circumstances which warrant the attention of the selection committee.

13. Attach a completed copy of your financial aid questionnaire.

14. Attach a copy of your family's most recent US tax return.

15. Why are you interested in a career in your major area of study?:

16. Career goal:

What career are you pursuing? \_\_\_\_\_

17. Attachments:

- \_\_\_ A. A copy of your high school transcript.
- \_\_\_ B. Any supporting documentation of achievements or school activities which would demonstrate personal leadership characteristics.
- \_\_\_ C. Any supporting documentation of community service activities/projects. Must include name of organization(s) with you were involved, brief description of activity, dates of involvement and the name/phone number of a contact person.

18. Miscellaneous:

As a part of the application process the committee requires the submission of up to 3 letters of support/recommendation from individuals (not relatives) who are knowledgeable about you. These letters should be sent directly from the individual(s) you request a recommendation from and mailed to the:

Hart Family Foundation Scholarship  
Harrison County Board of Education  
PO Box 1370  
Clarksburg WV 26302-1370

I hereby certify that all the above statements are true and correct.

I give permission to the Hart Family Foundation Scholarship Awards Committee to obtain financial aid and academic information from an officer at my high school and/or college.

I understand that I will not be permitted to review the letters of support/recommendation received by the committee.

In addition, I also understand that false statements on this application may be grounds for breach of contract.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Return application to your high school counselor.

Equal opportunities will extend to all qualified persons without regard to sex, race, handicap, religion, color, national origin, and ancestry.