2025 Jean M Harte Scholarship

Applicant:	Last Name	First Name	Mic	ddle Name
Address:				
City:		Zip:	Phone Number: ()
Parent/Guardia	n Name(s):			
Number of child	dren in the hou	sehold:		
senior from St. to attend Michicopy of the mo	Johns High Sogan State University of the state University of the state	nas established a sch chool. Applicants sho rersity. Financial need al tax return of the ap der in determining fin bility, etc.).	uld be of high charad d will be considered. oplicant's parents. Pl	cter and accepted Please attach a ease explain any
are your career	r plans? Why d	ng higher education a lo you feel you should r response to 200 wo	d be selected to rece	•

Deadline for this scholarship is May 1. Please return to the main office.