

SCHOLARSHIP APPLICATION

FOR

THE HARALDSON FOUNDATION

[www.haraldsonfoundation.org](http://www.haraldsonfoundation.org)

The Haraldson Foundation  
4747 Research Forest Drive, Suite 180  
Box # 257  
The Woodlands, Texas 77381  
[ebmills@haraldsonfoundation.org](mailto:ebmills@haraldsonfoundation.org)

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## **Need-Based Scholarship Application for The University of Texas**

*Haraldson Foundation need-based scholarships are awarded to University of Texas-bound high school seniors who have high SAT or ACT scores, are graduating in the top 10% of their graduation class, and who demonstrate leadership in extra curricular activities, community service, and moral character.*

*Haraldson Foundation Scholarships are awarded for \$8,400 annually. Students may be considered for scholarship renewal for the next school year after semester grade reports have been reviewed by the Foundation Directors. Grade reports must be mailed each semester to the Foundation office. Scholarship students must maintain a 3.0 grade point average each semester, and complete at least 12 hours of course work for each semester.*

Supplemental requirements for this scholarship include:

1. Three letters of recommendation with at least one from a Math or English or Science teacher.
2. Official high school transcript.
3. One page essay on chosen career and goals; include activities which show leadership potential and ability to reach goals.
4. Approximately 500 word essay on "How I Will Personally Contribute to Meeting Society's Future Challenges".
5. Complete Financial Information.

Mail, or e-mail completed application to:

The Haraldson Foundation  
4747 Research Forest Drive, Suite 180  
Box # 257  
The Woodlands, Texas 77381  
ebmills@haraldsonfoundation.org

**APPLICATION DEADLINE: All applications must be received in the Haraldson office on or before December 15.**

**THE HARALDSON FOUNDATION  
SCHOLARSHIP APPLICATION**

*Please print or type.*

**SECTION A – STUDENT INFORMATION**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

Date of Birth: \_\_\_\_\_                      Place of Birth: \_\_\_\_\_  
                    Month   Day   Year                      County, if in Texas

\_\_\_\_\_  
Mailing Address                      Permanent Address (if different)

\_\_\_\_\_  
city                      State                      zip                      city                      State                      zip

\_\_\_\_\_  
Area Code                      Phone Number                      Area Code                      Phone Number

Student e-mail address \_\_\_\_\_                      Parent e-mail address \_\_\_\_\_

Sex:                      \_\_\_\_\_ Male                      \_\_\_\_\_ Female

Probable major: \_\_\_\_\_                      If music, specify instrument: \_\_\_\_\_

First semester you will be enrolled: \_\_\_\_\_                      High school graduation date \_\_\_\_\_

Class rank at end of junior year: \_\_\_\_\_ out of \_\_\_\_\_                      Number of students tied for this rank: \_\_\_\_\_  
(Rank must be verified on your transcript.)

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**Standardized Test Scores:**

Please fill in the scores for all tests taken. Test scores are mandatory for your application to be complete.

PSAT:                      Verbal \_\_\_\_\_                      SAT:                      Verbal \_\_\_\_\_                      ACT: \_\_\_\_\_  
                    Math \_\_\_\_\_                                           Math \_\_\_\_\_  
                    Selection Index \_\_\_\_\_                                           Total Verbal + Math \_\_\_\_\_  
                                                                                   Writing \_\_\_\_\_

Please indicate the category of recognition in the National Merit, National Hispanic, or National Achievement competition

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*Please print or type.*

**SECTION B – HIGH SCHOOL ACTIVITIES**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Social Security Number

\_\_\_\_\_

High School Name

High School Telephone Number

High School Address

city

State

zip

High School Counselor

Counselor's e-mail Address

Please list significant honors, scholarships, and awards received during your sophomore, junior and senior years in order of importance to you. Include the sponsor, basis for the award (e.g., leadership, scholarship, financial need, skill, etc.) and date received. Use only the space on this sheet; do not attach additional sheets. NOTE: If you have more than six, list the six most important.

*Honor/Scholarship*

*Sponsor*

*Basis for Award*

*Date Received*

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In the spaces below, please list school or community organizations or activities you have been involved in during your sophomore, junior, and senior years in order of their importance to you. Include your position, period of involvement, and whether the positions were elected. Include class officer positions. Use only the space on this sheet. Do not attach additional sheets. NOTE: If you have more than six, list the six most important.

<i>Name of Organization/Activity/Club</i>	<i>Position</i>	<i>From (month- year)</i>	<i>To (month-year)</i>	<i>Elected? (circle one)</i>
<hr/>				YES /NO
<hr/>				YES /NO
<hr/>				YES/ NO
<hr/>				YES/ NO
<hr/>				YES/ NO
<hr/>				YES/ NO

Please list part-time or summer Jobs, volunteer positions, or internships you have held during your sophomore, junior and senior years. Include your position, period of involvement and hours per week. NOTE: If you have held more than four positions, please list the four most important.

<i>Place of Business</i>	<i>Position</i>	<i>From (month-year)</i>	<i>To (month-year)</i>	<i>Hours per Week</i>
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Please print or type.

**SECTION C – HIGH SCHOOL EXPERIENCES BY GRADE**

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Last Name	First Name	Middle Name	Social Security Number
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For your sophomore, junior, and senior years (up to the current date), please list the following information as a summary of your high school experience. Some information may be repetitive, but is helpful to the selection committee in determining an overall view of your activities.

**SOPHOMORE YEAR:**

Academic Courses	Extracurricular Activities	Work Experience (volunteer or paid)
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**JUNIOR YEAR:**

Academic Courses	Extracurricular Activities	Work Experience (volunteer or paid)
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**SENIOR YEAR:**

Academic Courses	Extracurricular Activities	Work Experience (volunteer or paid)
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**SECTION D – FINANCIAL INFORMATION**

Please print or type.

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**Last Name**                                      **First Name**                                      **Middle Name**                                      **Social Security Number**

Financial information about your parents: (If your parents are divorced, and the parent you live with is remarried, provide information for the step-parent.)

1. What is your parents' marital status? \_\_\_\_\_
  - A. Father's occupation \_\_\_\_\_  
Father's employer \_\_\_\_\_  
Father's total annual income \_\_\_\_\_
  
2. Are you supported by a working widowed mother?        \_\_\_\_\_ Yes \_\_\_\_\_ No
  - A. Mother's occupation \_\_\_\_\_  
Mother's employer \_\_\_\_\_  
Mother's total income \_\_\_\_\_
  
  - B. Number of your parent's children \_\_\_\_\_ (include yourself)  
Number of the above children in college \_\_\_\_\_ (include yourself)
  
3. What percentage of your college expenses for the next academic year do you expect to earn during        summer or part-time work while attending school? \_\_\_\_\_ %
  
4. What is your estimated income during the period for which this scholarship is requested?
  - a. Personal funds (cash, saving, etc.) \_\_\_\_\_
  - b. Private loans \_\_\_\_\_
  - c. Total summer savings \_\_\_\_\_
  - d. Earnings while in school \_\_\_\_\_
  - e. Parental support \_\_\_\_\_
  - f. Veteran's War Orphan's benefits \_\_\_\_\_
  - g. Social Security benefits \_\_\_\_\_
  - h. Child support \_\_\_\_\_
  - i. Other scholarships awarded (please specify)  
Name \_\_\_\_\_  
Duration (one year or multi-year) \_\_\_\_\_ Amt/Year \_\_\_\_\_
  - j. Other assistance or income (please specify)  
\_\_\_\_\_
  
5. Do you have any disability? If yes, please explain. \_\_\_\_\_
  
6. Do you have any unusual family financial circumstances and/or any unusual expenses that will occur during the period for which this scholarship is requested?  
\_\_\_\_\_  
\_\_\_\_\_

Certification:

**I hereby certify that the above information is true and accurate to the best of my knowledge. I authorize the Haraldson Foundation to obtain verification of records from my high school or university, and to report my academic achievements in local publications.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**