

**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: _____

U.S. Citizen: _____
Yes or No

If not a U.S citizen:

Are you a permanent resident with an alien registration card (I-551)? _____

Are you a conditional permanent resident with a (I-551C) card? _____

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

EDUCATIONAL INFORMATION

Do you have a high school diploma? _____

If yes, list the name of the high school(s) and year you graduated below:

If no, do you have a GED certificate? _____

Have you previously attended a college, university or trade school? _____

If yes, name of the institution(s) and dates attended: _____

Number of credit hours accumulated: _____

Are you a first-generation student? Students are considered first-generation if their parents did not graduate from a college or university. _____

Name of the institution you will attend: _____

Type of degree or certification you intend to pursue: _____

Field of study you intend to pursue: _____

Estimated cost for tuition, books and fees each semester/quarter: _____

Estimated time required to complete the degree or certification: _____

EMPLOYMENT INFORMATION

Name of the restaurant/company you work for: _____

Employee number: _____

Restaurant/company address: _____

Manager/Supervisor's name: _____

Employment start date: _____

Note: To be eligible you must have worked for one of the approved companies for a minimum of one year and 625 hours during the qualifying year of service. (1 year of employment by the time school starts.)

FINANCIAL INFORMATION

To be eligible you must have a combined annual adjusted gross income for yourself and your parents, if still a dependent of your parents, of less than \$164,000 for those living in the San Francisco Bay Area, or \$131,000 for employees living in all other areas. See the Eligibility document (item 3) for additional details.

Prior year Adjusted Gross Income from the tax return that you filed, or for which you are claimed as a dependent. _____

Refer to the Scholarship Eligibility document for details on the additional documentation that must be submitted. Incomplete applications will not be considered.

I certify that the information provided above is accurate to the best of my knowledge.

Signed: _____ Date: _____