



2018 Grove Farm Scholarship Application

Applicant Information

Full Name: _____ Date of Birth: _____

Place of Birth: _____ E-mail address: _____

Home Address: _____ Home No. _____ Cell Phone No.: _____

Mailing Address: _____ Town: _____ Zip Code: _____

High School Information

Name of High School currently attending: _____

Mailing Address: _____ Town: _____ Zip Code: _____

Name of Counselor: _____ Phone No.: _____

Family Information

Parent and/or Guardian Name: _____

Home Address: _____ Work Phone No.: _____

Occupation: _____ Employer: _____

Parent and/or Guardian Name: _____

Home Address: _____ Work Phone No.: _____

Occupation: _____ Employer: _____

3-1850 Kaumualii Highway Lihue, HI 96766-8609

P 808.245.3678 **F** 808.246.9470

www.grovefarm.com

Post High School Plans

Please name (in order of preference) the three, four-year institutions you would like to attend:

<u>Institution</u>	<u>Location</u>	<u>Accepted for Admission?</u>	<u>Application Pending?</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

What field of study do you plan to pursue? _____

References

Please list three character references

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a scholarship award, I understand that false or misleading information in my application or interview may result in the forfeiture of such award.

Signature of Applicant : _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____