

Suzanne Baber Scholarship Application

Guiding Harbor Random ID# _____

Name of Candidate _____ Date of application _____

Contact information: _____

Address _____

Phone number _____ Email address _____

1. Have you received services from Guiding Harbor/Girlstown in the past? Yes No

2. If yes, what program and in what year?

Residential Foster Care Year _____

3. Are you over 18 and willing to allow your name to be used by Guiding Harbor to promote their services?

Yes No

4. Are you currently receiving services from Guiding Harbor/Girlstown? Yes _____ No _____

5. I was nominated/supported for this scholarship by _____

6. What educational institution are you planning to attend? _____

7. Please provide the address of the financial aid office. _____

8. Proof of enrollment attached? Yes Student ID: _____

Please write a short paragraph about each of the following:

1. What are your educational goals.

2. Someone who has had an impact in your life.

3. How has Guiding Harbor/Girlstown and their services helped you.