



The Helping Hands Foundation Island Harvest Scholarship Application

Application postmark deadline: 6/30/23 Award recipients will be notified via email on or before: 7/25/23

ADDITION TINEDE	PMATION					
APPLICANT INFORMATION						
		First Name:				
Mailing Address:				Apt.#	_	
City:		State:	Zip:			
Phone Number: ()		Cell Home			
Email Address:						
Are you a United State	es citizen or legal resid	lent? ☐ Yes ☐ No				
HIGH SCHOOL INF	FORMATION					
High School Name:						
School Address Addr	ess:					
City:		State:	Zip:			
Phone Number: ()		Your HS Gradu	nation Year: 20		
TRANSCRIPT INFO	LUDE YOUR HIGH SC		OF GRADES WITH YOU be included on all attachments.	JR COMPLETED AP	PLICATION **	
COLLEGE/UNIVE	RSITY INFORMATIO	N				
-			NIVERSITY ON LONG I	SLAND IN THE FALL	OF 2023 **	
	TO B	E CONSIDERED FOR	THIS SCHOLARSHIP where you will attend, list the s			
		·			·	
			City/Si			
College/University #2	2:		City/Si	tate		
College/University #1	:		City/Si	tate		

Expected Graduation Year: 20 _____

Major Course of Study:____





The Helping Hands Foundation <u>Island Harvest Scholarship Application</u>

SCHOOL ACTIVITIES/HONORS & AWARDS	Please list all school activities you have participated in during the last four years
	Note any special awards, honors and offices held.

	Note	any special awards, honors and offices held.	
SCHOOL ACTIVITY	YEAR(S)	SPECIAL HONORS/AWARDS	OFFICES HELD
	<u>'</u>		'
		ice activities you have participated in during the land Harvest in their mission to end hunger and	
COMMUNITY SER	YEARS PARTICIPATED		
<u> </u>			ļ.
PERSONAL ESSAY (REQUIRED)			
On a separate sheet of paper, please res		topic. Applicants who do not specifically address this	
•		s. Include your name and address at the top of each	. •
	_	impact in addressing food insecurity a lerstanding of the impact of hunger or	_
deserving of consideration, and	d discuss your p	ersonal experience in advocating and/	
in	it's ongoing mis	ssion to end hunger on Long Island.	
CERTIFICATION			
The Helping Hands Foundation	has the respon	nsibility for selecting recipients base	d on criteria as set forth
in the program description. Th	is application b	ecomes the property of The Helpin	g Hands Foundation.
		hat I meet the eligibility requireme tion provided is complete and accu	
		esult in the termination of any award	
Student Signature		Date:	





The Helping Hands Foundation

Island Harvest Scholarship Application CHECKLIST:

Before you submit your application, please double check that:

You have completed the application, including the essay
You included your name and address on all additional attachments
You have double checked your email address (that is how you will be contacted if you are selected as an award recipient)
You included a copy of your High School Transcript with this application
You will be attending a college/university on Long Island as a full-time student in the Fall of 2023
You are aware of the postmark deadline of 6/30/23

When you've completed the checklist, please send your completed application, all attachments and transcript to:

Adventureland's Helping Hands Foundation
Attn: Island Harvest Scholarship
2245 Broadhollow Road
Farmingdale, NY 11735

If you have any questions, please email info@HelpingHandsLl.org