



Personal and Academic Information Form

(Please print legibly or type)

Name _____
(Last) (First) (M.I.) (Former, if any)

Proposed major or area of professional study _____

Degree sought _____

Mailing address _____
(Number & street)

(City) (State/Country) (Zip)

E-mail address _____

Telephone (_____) _____
(Area) (Number)

Social Security No. _____

Birthdate _____ Birthplace _____
(MM/DD/YY) (City/County) (State) (Country)

Please list the persons submitting your letters of recommendation:

1) _____
(Name) (Position)

(Address - include relevant institution if any, city, state, and zip)

2) _____
(Name) (Position)

(Address - include relevant institution if any, city, state, and zip)

3) _____
(Name) (Position)

(Address - include relevant institution if any, city, state, and zip)

Dates you have taken or will take the SAT, ACT, GRE or comparable examination _____

I certify that the information provided on this form is complete and accurate. I agree, if selected as a Scholarship finalist, to a personal interview or forfeit consideration for the award. If I am selected as a Ruth S. Harden Memorial Scholar, I agree to the terms of the scholarship.

Signature of applicant _____ Date _____