

**THE HARRISON FAMILY REUNION  
RULES OF THE EDUCATION COMMITTEE  
EDUCATIONAL ASSISTANCE FOR MEMBERS OF  
THE HARRISON FAMILY OR DIRECT DESCENDANTS**

1. STUDENTS MUST BE A MEMBER OF THE HARRISON FAMILY OR DIRECT DESCENDANTS. **THERE WILL BE NO EXCEPTIONS TO THE RULE**
2. STUDENTS MUST submit applications for educational assistance. Applications will be accepted for Post-High School Education, Trade Schools, Community Colleges, Junior Colleges, Full Colleges, Universities and Graduate School. However, the school must be fully accredited by the state in which the school is located. **NO EXCEPTIONS TO THE RULE**
3. APPLICATIONS MUST BE SUBMITTED to the Chairman of the Education Committee no later than JUNE 1<sup>st</sup>. **THERE WILL BE NO EXCEPTIONS TO THE RULE.**
4. APPLICANTS MUST SUPPLY THE FULL NAME AND ADDRESS OF THE SCHOOL **with written verification of admission with the application.** If applicant is unable to obtain verification of admission by June 1st, the committee will accept verification of admission at a later date (June 25<sup>th</sup>) if the application and other qualifications are met by June 1<sup>st</sup>. If currently in college or secondary program and applying for the Harrison Scholarship, submit current college transcript with application filling out all pertinent parts of application. The committee may require written verification that the attending school is accredited.  
**NO EXCEPTIONS TO THE RULE.**
5. DISBURSEMENTS shall be made on a first come basic and after approval at the annual meeting of the Board of Directors.
6. EDUCATION ASSISTANCE DEPENDING ON AVAILABILITY OF FUNDS SHALL BE A MAXIMUM OF \$350.00.

PLEASE NOTE: If you are applying for educational assistance from the Harrison Family Scholarship Program, you must complete this form accurately and conform to all the rules. This application must be submitted to the chairman of the Education Committee no later than **May 15, 2026.**

**THERE WILL BE NO EXCEPTIONS**

**MAIL TO: Chelsea Robinson**

**1623 Shady Lane, Birmingham AL 35214**

**(205) 440-2896**

# THE HARRISON FAMILY SCHOLARSHIP PROGRAM

## *Application Form*

The Harrison Family's outstanding heritage was propagated by our fore parents Mathew, Mark, William, and Martha Harrison. This family has long been outstanding in the community and has produced many members who are known for their accomplishments and contributions to society. This application can be used by Harrison descendants graduating High School and those currently pursuing a secondary level education. If currently in a college or secondary program fill out all pertinent parts of the application below and submit a current transcript from your student registration office along with application.

APPLICANT'S NAME	GRADUATION DATE	AGE	DATE OF BIRTH (      )
ADDRESS: STREET	CITY	STATE	ZIP CODE
E-Mail _____			
MOTHER'S NAME	FATHER'S NAME		
HIGH SCHOOL / COLLEGE ATTENDING		COLLEGE LOCATION/ SCHOOL DISTRICT	
GRADE POINT AVERAGE: MAX. POSSIBLE GRADE POINT		WHAT CURRICULUM MAJOR WILL YOU FOLLOW IN COLLEGE?	
<b>SCHOOL COUNSELOR/ COLLEGE ADVISOR</b>			
NAME: _____			
ADDRESS: _____			
TELEPHONE NUMBER: (      )	E-Mail (optional) _____		
DO YOU PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN _____			
DID YOU WORK A PART-TIME JOB DURING HIGH SCHOOL / COLLEGE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN _____			
WHAT COLLEGE DO YOU PLAN TO ATTEND OR CURRENTLY ATTENDING? _____			
IF YOU ARE CURRENTLY ATTENDING COLLEGE, WHAT IS YOUR CLASSIFICATION? HAVE _____			
YOU CONTACTED THE COLLEGE/ SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DO YOU MEET THE ENTRANCE REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WHICH FORE PARENT ARE YOU A DESCENDANT? _____			
TRACE YOUR FAMILY TREE BACK TO THAT FORE PARENT AS BEST YOU CAN. (Use a separate sheet if needed.)			
IS THIS YOUR FIRST TIME APPLYING FOR THE SCHOLARSHIP? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, HOW MANY? _____			
HAVE YOU ATTENDED A HARRISON REUNION IN THE PAST? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, HOW MANY? _____			
ARE YOU PLANNING ON ATTENDING THE NEXT HARRISON REUNION? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DATE: _____	APPLICANT'S SIGNATURE _____		