

2026

SCHOLARSHIPS

Harrison REMC continuously looks for ways to support our community.

That's why each year we assist our young members in their pursuit of higher education by awarding scholarships to our graduating seniors.

ONE \$1,500 SCHOLARSHIP WILL BE AWARDED TO ONE STUDENT FROM EACH PARTICIPATING HIGH SCHOOL.

SELECTION

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Scholarship recipients will be selected by a committee made up of Harrison REMC employees and directors. Selection will be based on SAT or ACT scores, essay and overall scholastic achievement. Winners will be notified by the REMC.

FULL NAME		
AGE	DATE OF BIRTH	GENDER
TELEPHONE NO.		
MAILING ADDRESS		
PARENT OR GUARDIAN		
	REMC ACCOUNT NO.	
REM(NAME OF HIGH SCHOO	OL

NAME OF COLLEGE



To be eligible for the scholarship, the following provisions must be met:

- The applicant and/or parent(s) or legal guardian must be an active member of Harrison REMC.
- The applicant must be a high school senior who has been accepted to attend a college or university located within the Indiana counties of Clark, Floyd or Harrison, as well as Jefferson County in Kentucky. The student must be a full-time student (12 credit hours) for the 2026 fall semester.
- one student from each participating high school will be awarded a \$1,500 scholarship, payable to the education institution upon proof of enrollment. Please include the name of the college the applicant will be attending.
- Students are allowed to receive only one Harrison REMC scholarship during their academic careers.
- A full- or part-time employee, son, daughter, stepson, stepdaughter or grandchild of any employee or director of Harrison REMC is ineligible.



Harrison REMC SCHOLARSHIP APPLICATION

PERSUNAL AUHIEVEMENT (SUHUUL AUTIVITIES)		
Activity	No. of Years	Position Held
REMARKS		
PERSONAL ACHIEVEMENT (NON-SCHOOL ACTIVITIES)		
Activity	No. of Years	Position Held



Harrison REMC SCHOLARSHIP APPLICATION

REMARKS			
OTHER ACTIVITIES OR ACHIEV	EMENTS		
Activity		No. of Years	Position Held
STATEMENT OF APPLICANT AN	N PARENT/CHARDIAN		
Date	Signature	Applicant	
	Signature	дрисан	
	Jighature	Parent/Guardian	

PLEASE ALSO INCLUDE:

- A one-page typed essay detailing why you are the optimal candidate for this scholarship and how you will benefit from it.
- > A copy of your SAT or ACT test scores.

WHEN COMPLETED, RETURN THIS APPLICATION TO:

Harrison REMC, P.O. Box 517, Corydon, IN 47112

Postmarked no later than March 27, 2026.

HARRISONREMC.COM