

# **Harrison Family Memorial CTE Scholarship**

*Application Deadline March 1st, 2025*

*The Harrison Family Memorial CTE Scholarship is established in memory of Richard Harrison, a SWHS alum, who was recognized by his CTE classmates and fellow FFA members as a hardworking and dedicated young man. In this spirit, the Harrison family would to honor an outstanding SWHS graduate in furthering their education and enhancing their skills towards a successful future.*

**A scholarship award of \$1,000 will be paid directly to school upon proof of registration.**

## **Eligibility:**

- Sedro-Woolley High School senior who has taken a CTE heavy coursework.
- Planning to attend an accredited university, college, technical school or trade school.

## **Required:**

1. Completed application
2. Supplemental question (*Please attach typed response to this application*)
3. Copy of complete transcript required
4. Two letters of recommendation that speak to your FFA involvement or CTE focus

## **APPLICATION**

**Applicant Name:** (*Please print or type*) \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**U.S. Citizen or Permanent Resident:** Yes \_\_\_ No \_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Parent/Guardian's Address:** \_\_\_\_\_

**Parent/Guardian City/State/Zip:** \_\_\_\_\_

**CTE Coursework/series** \_\_\_\_\_

**FFA Member:** Yes \_\_\_ No \_\_\_ **Number of Years:** \_\_\_\_\_

**Cumulative GPA:** \_\_\_\_\_ **Class Rank:** \_\_\_\_\_

**University, College, Technical School or Trade School planning to attend:**

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

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**Course of Study:** \_\_\_\_\_

**CTE/FFA Involvement (activities, projects, leadership, and awards):**

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**Other School/Community Activities/Volunteer Work:**

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**SUPPLEMENTAL QUESTION:** Please describe how your CTE coursework and/or FFA involvement have influenced your career goals and what you want to accomplish in life. How this scholarship will help you achieve this challenge. *(Please attach typed response to this application.)*

Return completed application to the committee via email [dharrison832@wavecable.com](mailto:dharrison832@wavecable.com) by March 1st, 2025. Incomplete applications will not be considered.

I hereby certify that the enclosed information is true and correct to the best of my knowledge and that this information, my school academic records, and other pertinent data will be used by the Harrison family to make a determination of my eligibility for this scholarship.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_