Earl Moon Scholarship Application

Candidate's Information Application Date: _____

Name: _____ Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

District: _____ Chapter: _____ Years in the Society: _____

Chapter President's Information

Name: _____ Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Tell us why you believe this candidate should be selected to attend Harmony College in the name of Earl Moon.

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Chapter President's signature _____ Date: _____