

**Hargrave Military Academy**  
**FINANCIAL AID AND SCHOLARSHIP APPLICATION**  
**COVER SHEET**

**Type of aid/scholarship applying for:** \_\_\_\_\_ HMA Merit \_\_\_\_\_ HMA Leadership \_\_\_\_\_ Honors Scholarship  
\_\_\_\_\_ Active Duty/Retired Military \_\_\_\_\_ Family \_\_\_\_\_ Legacy Scholarship \_\_\_\_\_ Bud Bryant Scholarship (**Day**  
**students only**) \_\_\_\_\_ James Shelton Scholarship (**Day Students only**)

**Financial Discount requested:** \_\_\_\_\_ Ministerial \_\_\_\_\_ Matching

**Student Information**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Boarding \_\_\_\_\_ Day \_\_\_\_\_ New \_\_\_\_\_ Returning

**Applicant's Information**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Number of dependent children \_\_\_\_\_ Ages \_\_\_\_\_

**Name and Address of Current Employer**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position with Company \_\_\_\_\_ Length of employment \_\_\_\_\_ years

**Co-Applicant's Information**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Number of dependent children \_\_\_\_\_ Ages \_\_\_\_\_