



Harvest PDO/HC
Financial Aid Application

Child's Full Name: _____

Parent(s)/Guardian(s): _____

Child's siblings: _____

Financial needs requesting: _____

Expected Amount that can be paid: _____

Reason for financial need: _____

Church Membership: _____

I, _____, am requesting financial aid for my child(ren), _____
_____, to attend Harvest PDO or Harvest
Collaborative. I, _____, commit to having my child(ren),
_____, attend the Harvest PDO or Harvest Collaborative, and if we need
to terminate our attendance, we will let administration know.

Printed Parent/Guardian Name: _____

Date: _____

Printed Parent/Guardian Name: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Deadline to turn in financial aid form is APRIL 12, 2024. No forms will be reviewed after this date.

Signature of Director: _____ Date: _____

*****Please provide a copy of your 2023 Tax Forms: W-2 and 1040 to be turned in with application.**

*****Please send this form and your 2023 Tax forms to scholarships@harvestmemphis.org**