



The Helping Hands Foundation

Island Harvest Scholarship Application

Application postmark deadline: 7/11/25 Award recipients will be notified via email on or before: 8/8/25

APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Mailing Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Cell Home

Email Address: _____

HIGH SCHOOL INFORMATION

High School Name: _____

School Address Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ **Your HS Graduation Year: 20** _____

COLLEGE/UNIVERSITY INFORMATION

**** YOU MUST BE A FULL-TIME STUDENT AT A COLLEGE/UNIVERSITY ON LONG ISLAND IN THE FALL OF 2025 **
TO BE CONSIDERED FOR THIS SCHOLARSHIP**

Please use official school names. Do not use abbreviations. If currently undecided where you will attend, list the schools you applied to in order of preference.

College/University #1: _____

City/State: _____

College/University #2: _____

City/State: _____

College/University #3: _____

City/State: _____

Major Course of Study: _____ **Expected Graduation Year: 20** _____



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SCHOOL ACTIVITIES/HONORS & AWARDS

Please list all school activities you have participated in during the last four years. Note any special awards, honors and offices held.

SCHOOL ACTIVITY	YEAR(S)	SPECIAL HONORS/AWARDS	OFFICES HELD

COMMUNITY SERVICE

Please list all Community Service activities you have participated in during the last four years. Preference will be given to activities that assist Island Harvest in their mission to end hunger and reduce food waste on Long Island.

COMMUNITY SERVICE / VOLUNTEER OPPORTUNITY	YEARS PARTICIPATED

PERSONAL ESSAY (REQUIRED)

On a separate sheet of paper, please respond to the following topic. Applicants who do not specifically address this topic will not be considered. Your essay should be 500 words or less. Include your name and address at the top of each page.

Island Harvest Food Bank has made a significant impact in addressing food insecurity and reducing food waste for Long Island families. Please share your understanding of the impact of hunger on Long Island, why you feel deserving of consideration, and discuss your personal experience in advocating and/or assisting Island Harvest in it's ongoing mission to end hunger on Long Island.

CERTIFICATION

The Helping Hands Foundation has the responsibility for selecting recipients based on criteria as set forth in the program description. This application becomes the property of The Helping Hands Foundation.

I acknowledge decisions are final. I certify that I meet the eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any award granted.

Student Signature _____

Date: _____



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Island Harvest Scholarship Application **CHECKLIST:**

Before you submit your application, please double check that:

- You have completed the application, including the essay
- You included your name and address on all additional attachments
- You have double checked your email address
(that is how you will be contacted if you are selected as an award recipient)
- You included a copy of your High School Transcript with this application
- You will be attending a college/university on Long Island as a full-time student in the Fall of 2025
- You are aware of the postmark deadline of 7/11/25**

When you've completed the checklist, please send your completed application, all attachments and transcript to:

Adventureland's Helping Hands Foundation
Attn: Island Harvest Scholarship
2245 Broadhollow Road
Farmingdale, NY 11735

If you have any questions, please email info@HelpingHandsLI.org