

**THE McDANIEL CHARITABLE FOUNDATION
GALVESTON COUNTY SCHOLARSHIP PROGRAM
P.O. Box 2968
Texas City, TX 77592-2968**

SCHOLARSHIP APPLICATION

This application MUST be received by the Foundation at the above address postmarked no later than June 1 prior to the school year made the subject of the application. Please read the Policies and Procedures for the Scholarship Program before completing this Application. (Please type or print in ink.)

Original Request Renewal

PART I – APPLICANT DATA

Full Name of Applicant: _____

(Last, First, Middle)

Permanent Address (street, city, zip): _____

Years There: _____

Social Security Number: _____

Telephone Number: (____) _____

Cell Phone Number: (____) _____

Email Address: _____

Date of Birth: _____

Marital Status: _____

Spouse's Name: _____

Names and Ages of Dependents: _____

Local Address while Attending School: _____

Applicant's Place and Type of Employment while Attending School: _____

Applicant's Anticipated Monthly Gross Income from All Sources (including other scholarships) While Attending School: \$_____. Please list all scholarships below.

<u>Name of Scholarship Applied For</u>	<u>Type of Scholarship</u>	<u>If Received, Amount of Award</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If married, Applicant's Total Monthly Gross Income: \$_____ (please attach a copy of your most recently filed IRS Form 1040, exclusive of attachments).

PART II – APPLICANT'S PARENT/GUARDIAN DATA

Full Name of First Parent or Guardian: _____
(Last, First, Middle)

Permanent Address: _____

Telephone Number: _____

Email Address: _____

Parent or Guardian's Place and Type of Employment: _____

Parent or Guardian's Total Monthly Gross Income: \$_____ (please attach a copy of your most recently filed IRS Form 1040, exclusive of attachments)

Names and Ages of Parent or Guardian's Children or Other Dependents: _____

Full Name of Second Parent or Guardian: _____
(Last, First, Middle)

Permanent Address: _____

Telephone Number: _____

Email Address: _____

Parent or Guardian's Place and Type of Employment: _____

Parent or Guardian's Total Monthly Gross Income: \$_____ (please attach a copy of your most recently filed IRS Form 1040, exclusive of attachments)

Names and Ages of Parent or Guardian's Children or Other Dependents: _____

PART III – SCHOOL DATA

School Currently Attending: _____

School Planning to Attend: _____

Expected Graduation Date: _____

Area of Study: _____

List of School Activities: _____

List of School Honors: _____

Please attach official or certified high school and college transcripts that include the Applicant's final grades, unless this is a renewal application. For renewals, attach an official or certified transcript from last semester.

PART IV – ADDITIONAL INFORMATION

Original applicants--Please attach an essay as to why you need/deserve this scholarship or for additional information. **Renewal Applicants**—Please attach an essay describing how the scholarship funds have benefited you, together with any special circumstances you would like the committee to consider.

PART V – CERTIFICATION

After reading and understanding the Policies and Procedures by which this scholarship is governed, we certify that all information given you for the purpose of obtaining this scholarship is true and complete to the best of our knowledge. We agree to provide verification of proper expenditure of any award as provided in the Policies and Procedures. We understand that you will retain this application whether or not it is approved.

Signature of Applicant

Date: _____

Signature of Father/Guardian

Date: _____

Signature of Mother/Guardian

Date: _____

Reminder:

If this is an original application, you must submit two letters of recommendation with this application. There is no restriction on who may provide a recommendation, but letters from teachers and school counselors are encouraged.

Optional:

Please provide any suggestions as to how the Scholarship Program might improve the application process or its policies and procedures in general.