William & Hannah Mcclain Foundation, Incorporated

Scholastic Scholarship Appilication

Katie Weber, President & CEO
P.O. Box 1133
1902 Texas Parkway
Missouri City, Texas 77489-2207
Phone/Fax: 281-437-7547
Cell: 832-978-6931
Email: katieweber@aol.com

Instructions for completing application: 1. Application is to be completed by applicant and returned to the address above. 2. Please type or print clearly. 3. Attach the following to complete application: A. Three (3) character reference letters. B. High school transcript

Application Criteria: 1. Must have maintained a least a 2.8 G.P.A. For grade 9-12 (include sealed official transcript) 2. Must be financially disadvantaged 3. Must have declared a major in any discipline 4. Must matriculate in the Fall/Spring semesters as a full-time student 5. Must submit a copy of the college/university acceptance letter. 6. Must mail fee receipt of registration to the above address for verification or enrollment 7. Must maintain at least a "B" average per semester for continued eligibility.

APPLICANT INFORMATION			
Name:			**Date:**
Permanent Address:			
City:		**State:**	**Zip Code:**
Home Phone:		**Cell Phone:**	
E-Mail:			
Age:	**Marital Status:**	**Number of Dependents:**	
PARENTAL INFORMATION			
Name of Parent(s):			
Address of Parent(s):			
City:		**State:**	**Zip Code:**
Home Telephone:		**Work Telephone:**	
Father's Occupation:			
Father's Employer:			**Father's Gross Annual Salary:**
Mother's Occupation:			

MOTHER'S EMPLOYER:	MOTHER'S GROSS ANNUAL SALARY:

Note: Income verification of both parents (W-2 Form or 1040 Form) must be submitted with your complete application.

COMPLETED BY COUNSELOR

High School Senior GPA:	Rank in Class: /	SAT Verb: Math: Total:	*ACT* *English:* *Math:* *Social Studies:* *Natural Science:* *Comprehension*

Total of scholarships awarded to date:
$ ~Please submit a copy of each letter~

EDUCATIONAL INSTITUTION INFORMATION

Institution Name:		
City:	State:	Zip Code:
MAJOR/TYPE OF TRAINING:		G.P.A.
ACADEMIC CLASSIFICATION	_____High School Senior	

Institution Name:		
City:	State:	Zip Code:

Desired Course of Study:

Degree Sought:

Date payment must be made:	Date term begins:

Amount of tuition per semester: $

List of honors or awards:

1.	4.
2.	5.
3.	6.

List community, social, civic, and/or religious organizations to which you belong or are active:

1.	4.
2.	5.
3.	6.

In your own words write a 250 word essay on why you would like to receive a scholarship (use additional paper if necessary). Please type

All information provided on this application is **strictly confidential**