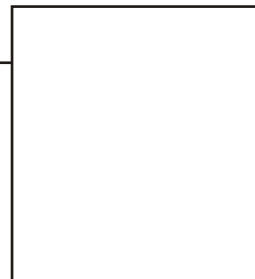


William & Hannah McClain Foundation, Incorporated

Scholastic Scholarship Application

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 <i>English:</i> <i>Math:</i> <i>Social Studies:</i> <i>Natural Science:</i> <i>Comprehension</i>
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. 2. 3. 4. 5. 6.			
List community, social, civic, and/or religious organizations to which you belong or are active: 1. 2. 3. 4. 5. 6.			

[illegible]

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