

# Hazlewood Charitable Foundation

Scholarship Application Packet  
1500 W. Henderson St.  
Cleburne, TX 76033

The Hazlewood Charitable Foundation is a small non-profit corporation organized, in part, for educational purposes. Article 1 of the Foundation's by-laws defines the permissible uses of scholarship or grant money and requires reporting to the Foundation actual uses by recipients. Failure to use the money for tuition, laboratory fees, or other designated expenses, will necessitate the student paying income tax on the money.

The number of individual scholarships is limited by the amount of money available and the amount of each grant or scholarship will depend on the degree of need according to the school attended, ability of family to finance the education, and the decision of our committee.

Permissible uses of the funds are limited specifically to:

1. Payment of tuition, fees, etc. required for the enrollment and attendance of the recipient as a candidate at an accredited institution.
2. Pay for fees, supplies, and equipment required for courses of instruction at an accredited institution.

Applications from students, which are received in our office prior to May 1<sup>st</sup> each year, will only be reviewed once. Only high school graduates are considered as eligible to receive this scholarship due to the limited amount of money available for this purpose. Personal interviews will be scheduled by the Foundation Committee and each applicant must appear in person before this committee in order to be eligible to receive help from the Foundation.

Recipients must have a minimum of 2.75 GPA (Grade Point Average) for each semester in order to qualify for further assistance. This is not negotiable after the financial assistance is received. The committee may elect to consider extenuating circumstances during the personal interview on a case-by-case basis and probationary or part-time financial assistance is available if the student proves specified time limit. Funds received in excess of the amount spent for permissible uses must be returned to the Foundation; otherwise we will send a 1099 Form for tax purposes.

Fewer than 12 hours passed will classify a student as part-time; and part-time students may be eligible to receive the amount equal to tuition, etc for each individual semester, but not more than \$750.00.

Your grades must be brought in person or faxed to our office at 1500 W. Henderson St. (817) 558-4003 prior to January 1<sup>st</sup> for the Spring Semester and June 1<sup>st</sup> for the Fall Semester. In addition to your grades, we need to receive a report showing a complete financial accounting for the entire amount of the scholarship using the enclosed report form with all the information completed.

We appreciate your request to participate in the funding available and wish you well in your continuing educational endeavors.

Thomas C. Hazlewood, President

## HAZLEWOOD CHARITABLE FOUNDATION SCHOLARSHIP APPLICATION CHECKLIST

- Provide a recent picture or snapshot for identification purposes.
- Provide proof of legal residence.
- Provide a copy of your most current transcript, such as High School or College.
- Provide documentation of acceptance and approval by your school's counseling department. Include your name, address, phone number and student identification number.
- Provide financial information consisting of the first two pages of last years' I.R.S. forms 1040 (Yours and/or your parents if you are still a dependent).
- Provide a copy of the completed FAFSA forms.
- Provide a copy of any scholarships applied for and/or received.
- Provide eligibility status for Texas Veterans Legacy Act.

# HAZLEWOOD CHARITABLE FOUNDATION

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

## FAMILY INFORMATION:

FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAMES AND AGES OF BROTHERS AND SISTERS CLAIMED AS DEPENDENTS  
BY PARENTS: \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED \_\_\_\_\_ IF SO, LIST YOUR EMPLOYER AND  
OCCUPATIONS \_\_\_\_\_

ALSO LIST YOUR PREVIOUS EMPLOYMENT EXPERIENCE: \_\_\_\_\_

HIGH SCHOOL LAST ATTENDED \_\_\_\_\_

LIST YOUR HIGH SCHOOL HONORS, AWARDS, ETC. \_\_\_\_\_

## EDUCATIONAL GOALS AND DESIRES:

INSTITUTE OR COLLEGE YOU WISH TO ATTEND \_\_\_\_\_

ANTICIPATED FIELD OF STUDY \_\_\_\_\_

HAVE YOU BEEN ADMITTED? \_\_\_\_\_ STARTING DATE \_\_\_\_\_

BRIEFLY EXPLAIN YOUR ACADEMIC GOALS, ANTICIPATED GRADUATION DATE AND  
HOW THESE WILL ENABLE YOU TO PURSUE YOUR PERSONAL GOALS IN LIFE:

# HAZLEWOOD CHARITABLE FOUNDATION

## FINANCES:

APPLIED FOR FINANCIAL AID? \_\_\_\_\_

AMOUNT RECEIVED OR ANTICIPATED \_\_\_\_\_

WILL YOU WORK NEXT SEMESTER? \_\_\_\_\_

JOB DESIRED OR APPLIED FOR \_\_\_\_\_

DESCRIBE ANY UNUSUAL FINANCIAL CIRCUMSTANCES:

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LIST ANY ADDITIONAL INFORMATION YOU WANT THE COMMITTEE TO CONSIDER:

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WRITE A SHORT ESSAY TELLING WHY YOU ARE SEEKING FINANCIAL AID ASSISTANCE FROM THE HAZLEWOOD CHARITABLE FOUNDATION.

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PLEASE ATTACH A COPY OF THE FIRST TWO PAGES OF LAST YEAR'S IRS FORM 1040 (YOURS AND/OR YOUR PARENTS, IF YOU ARE STILL A DEPENDENT) IF YOU HAVE NOT ALREADY DONE SO.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE