



P.O. Box 221; Granbury, Tx. 76048
817-993-5553

SCHOLARSHIP APPLICATION

Date _____

Hood County Cancer Services (HCCS) is offering scholarship opportunities to Hood County High School seniors who are currently in cancer treatment or who are cancer survivors. Depending on the availability of funds, HCCS may extend the scholarship opportunities to Hood County High School seniors who have a parent or guardian that has been affected by cancer. The recipients of the scholarship will have their award paid directly to the college or university designated by the applicant. Students who are attending Military Academies or who have received a full scholarship are not eligible for this scholarship. All applications must be postmarked before March 10th or turned in by March 17, all interviews will be scheduled accordingly. This scholarship may be given out during the school's award program or graduation ceremonies.

PART 1: APPLICANT INFORMATION

Name of High School _____

Full Name of applicant _____

Street Address _____

City

State

Zip Code

Phone Number _____ - _____
(Area Code)

Date of Birth _____ / _____ / _____
Month Day Year

All information on this application is true and correct to the best of my knowledge.
False information may result in loss of this scholarship.
An incomplete application will not be considered.

Student Signature _____

PART 2: FINANCIAL NEEDS

Total number of family members living at home _____

Number of dependents, including applicant, living at home _____

Number of children at home _____ Ages: _____

Number of dependents attending college _____

Other financial considerations to be noted:

PART 3: EMPLOYMENT

List types of jobs you have held or currently hold while attending High School, *do not include the names of your employer(s), just the type(s) of work performed.*

Do you plan on working during the summer or while attending college? YES ____ NO ____

Extracurricular Activities, Organizations and Clubs. List names and years involved.

Honors and / or Awards

Community Service

PART 4: COLLEGE INFORMATION

Name of college/university you plan to attend

Full address of Financial Aid Office

It is the responsibility of the applicant to notify the school's financial aid office at least TWO WEEKS PRIOR to the funds being needed. Funds shall ONLY be sent to the Financial Aid Office of an accredited school.

ESTIMATED ANNUAL EXPENSES

Tuition and Fees _____
Room and Board _____
Books and Supplies _____
Other _____

How do expect to finance your education?

PART 5: ESSAY

On another page, write a one-page essay explaining how cancer has impacted your life, your parent's life/lives, or your guardian's life. Please limit the explanation to your senior year of high school.

Return the application and essay to:

Hood County Cancer Services
P.O. Box 221
Granbury, Texas 76048

Must be post marked *no later than* April 27th.