

**The Fasken Foundation  
P.O. Box 2024  
Midland, Texas 79702  
(432) 683-5401**

**APPLICATION FOR SCHOLARSHIP**

**PLEASE RETURN TO YOUR SCHOOL COUNSELOR – DO NOT SEND TO FOUNDATION OFFICE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

Parent's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Name and address of at least three people that will provide reference for you (No Relatives)

Name	Occupation	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Attach letters of recommendation you believe will help you, including your counselor's evaluation of your ability to perform at the college level.**

Class ranking: \_\_\_\_\_ SAT Total \_\_\_\_\_  
EBRW \_\_\_\_\_  
Math \_\_\_\_\_

What college/university do you plan to attend? \_\_\_\_\_

Have you applied? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

What major have you selected? \_\_\_\_\_ What degree? \_\_\_\_\_

What scholarships or other financial aid have you applied for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been awarded other scholarships? \_\_\_\_\_ If so what is the value of those per year? \$ \_\_\_\_\_

List scholarships or awards received (Show name and amount) \_\_\_\_\_  
\_\_\_\_\_

List extra-curricular activities or honors you received during school: (Attach schedule if more space is needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR SCHOLARSHIP (Continued)**

What do you anticipate your first year college costs will be? \_\_\_\_\_

How will you pay these costs? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tell us of the work you have done while in school:

Employer	Business	Position or Job
_____	_____	_____
_____	_____	_____

Provide any other information you believe to be important in supporting your application for The Fasken Foundation scholarship.  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY INFORMATION**

Father's Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

Siblings

Name \_\_\_\_\_ Age \_\_\_\_\_ Year in school \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Year in school \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Year in school \_\_\_\_\_

**Family Financing for College**

Family Income: \$ \_\_\_\_\_

		Financial Assistance		Estimated Costs
From parents \$ _____ per month	Total Year \$ _____		Tuition, room & board	\$ _____
Student savings	_____		Books	_____
Student earnings	_____		Personal expense	_____
Other	_____		Transportation	_____
Total	\$=====		Total	\$=====

Any other information you believe would assist is determining the financial need of the student for the awarding of the scholarship.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_

\_\_\_\_\_

*Parent*

Date

**I understand that the Fasken Foundation Scholarship is restricted to citizens of the United States to be used to attend accredited colleges or universities in the State of Texas, EXCLUDING Midland College.**

I understand the scholarship is a semester-by-semester award that can be renewed each semester that I maintain a grade point average equivalent to 2.0 GPA on a minimum of twelve semester hours or its equivalent each semester. I understand that the scholarship renewal requires that I am not subject to any disciplinary action by the college or university.

I understand that this scholarship is restricted to an undergraduate degree and that should I obtain the degree in less than four / eight semesters the scholarship shall terminate.

Signed

\_\_\_\_\_

\_\_\_\_\_

Applicant

Date

***\*\*Please attach a copy of your Transcript and Letter of Acceptance to an accredited Texas university or college to this application. \*\****