

HOUSTON CLAIMS ASSOCIATION, INC.

P. O. Box 472

Alief, Texas 77411-0472

Phone/Fax: 281.933.4028

www.houstonclaimsassoc.com

December 1, 2019

Dear Scholarship Applicant:

Attached is a two-page application form for our 2020 - 2021 scholarships which will be awarded at the HCA Annual Meeting, Wednesday, April 8, 2020. Please complete this form and return it with **all** supporting documents to Greta Walters, Scholarship Chair, Houston Claims Association, P. O. Box 472, Alief, TX 77411-0472, **on or before March 1, 2020.**

Scholarship interviews will be held on Saturday, March 14, 2020, beginning at 8:30 a.m. Location will be advised when your interview time is set. If you have a valid conflict and are not available for an interview on that date, please note it on your application; we will attempt to make alternative arrangements. The interview committee requests that all applicants submit a current photograph with their application. After March 1, you or your parent will be contacted with your interview time.

NO APPLICATION WILL BE CONSIDERED AFTER MARCH 1, 2020.

Current and past scholarship recipients are eligible to apply and those who have previously applied but did not win an award are encouraged to apply again.

Sincerely,

Greta Walters
Scholarship Chair

GW:bb

Att:

HOUSTON CLAIMS ASSOCIATION SCHOLARSHIP APPLICATION

REQUIREMENTS FOR APPLICATION:

Parent/guardian must have been an HCA member one (1) year prior to application deadline, must have attended at least four (4) meetings within the year, and membership fee must be current.

The applicant must:

1. Have been accepted by or currently enrolled in an accredited college, university or vocational/technical school.
2. Be financially dependent on parent/guardian.
3. Be less than 25 years of age at the beginning of the scholastic year (September 1).

ATTACHMENTS: All required documents or an explanation **must** accompany the application form.

Failure to do so disqualifies the applicant.

1. Copy of applicant's high school or college transcript.
2. Copy of applicant's letter of acceptance, if available.
3. Copy of any awards, recommendations or documents which applicant feels will assist the selection committee.
4. Current photograph.

NAME _____ Student ID or SS# _____

ADDRESS _____
(Street, City, State, Zip)

TELEPHONE
(Home) _____ (Cell) _____

E-MAIL
ADDRESS _____

DATE OF BIRTH _____

PARENT/GUARDIAN WHO IS A MEMBER OF HOUSTON CLAIMS ASSOCIATION

PARENT/GUARDIAN EMPLOYER AND
POSITION _____

BUSINESS PHONE _____ E-MAIL _____

HIGH SCHOOL
ATTENDED _____

DATE OF
GRADUATION _____

NAME/TELEPHONE # OF
COUNSELOR _____

INSTITUTION TO BE ATTENDED _____

IF CURRENTLY ENROLLED:

NAME OF INSTITUTION _____

LAST SEMESTER ATTENDED _____

EXTRA CURRICULAR ACTIVITIES _____

OFFICES OF LEADERSHIP POSITION HELD _____

WORK EXPERIENCE _____

SAT/ACT SCORES _____ WHEN TAKEN _____

MAJOR STUDY INTEREST _____

MINOR STUDY INTEREST _____

DO YOU HOLD OR HAVE YOU APPLIED FOR ANY OTHER SCHOLARSHIP OR ASSISTANCE?

WHAT _____ WHERE _____

RESULTS _____

State briefly why you applied for this scholarship, why you feel you should receive it and what you want to achieve with it. List any other information which you feel will be important to the selection committee. You may use an additional page if necessary.
