

REAPPLICATION FOR SCHOLARSHIP GRANT

*The McFarland Fund*

917 Lamar Street  
Fort Worth, Texas 76102  
817-870-2036

This application will cover one full academic year only. An applicant must be a United States citizen and a resident of Parker or Tarrant County, Texas, who is attending or applying for admission at an accredited Texas institution. Please fill in all spaces marking NA for any statements which do not apply to you.

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle  
Home Address \_\_\_\_\_  
Number, Street, or P.O. Box City State Zip  
EMail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**SCHOOL INFORMATION**

Present school \_\_\_\_\_ Class level \_\_\_\_\_ Grade Point Average \_\_\_\_\_  
School you plan to attend \_\_\_\_\_ Location of school \_\_\_\_\_  
If you are transferring to another school please give reason for change \_\_\_\_\_  
Have you been accepted for enrollment \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_ Student ID # \_\_\_\_\_  
Describe course of study \_\_\_\_\_  
List any college scholastic honors or distinctions received to date \_\_\_\_\_

**EMPLOYMENT RECORD**

Current place of employment \_\_\_\_\_ Hours per week \_\_\_\_\_  
Do you plan to work this coming summer? \_\_\_\_\_  
Do you plan to work during the coming school year? \_\_\_\_\_  
If you only work during the summer, please give the name of your last place of employment, the address, and the number of hours worked per week: \_\_\_\_\_

**FAMILY INFORMATION**

Parents' or Guardians' Names \_\_\_\_\_  
Address \_\_\_\_\_  
Number, Street, or P.O. Box City State Zip Telephone  
Brothers and sisters (List in order of age, eldest to youngest)  
Name Age School Attending Class Level Occupation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants must fill out this page **completely** and **accurately** before you will be considered by the McFarland Scholarship Committee for a grant.

**EXPECTED SCHOOL EXPENSES FOR NEXT YEAR**  
(Based on most recent school catalog)

	1st Semester	2nd Semester	
Tuition	\$ _____	\$ _____	
Fees	_____	_____	
Books	_____	_____	
Personal/Incidental	_____	_____	
Other (Please specify)	_____	_____	
Other	_____	_____	
<b>SUBTOTAL EXPENSES:</b>	<b>\$ _____</b>	<b>+ \$ _____</b>	<b>= Total Expenses \$ _____</b>

**MONEY AVAILABLE FOR SCHOOL NEXT YEAR**

Give all sources and amounts you can count on for next year's school expenses.  
(Give actual contribution for school expenses only, not entire income).

Father _____	Mother _____	Amount \$ _____
Stepfather _____	Stepmother _____	_____
Husband/Wife _____		_____
Work during school/summer _____		_____
Summer work _____		_____
Veteran's Administration Benefit _____		_____
Other _____		_____

Total Money Available To Pay School Expenses \$ \_\_\_\_\_

Subtract **Total Money Available** from **Total Expenses** = **Total Amount Needed** \$ ( \_\_\_\_\_ )

**OTHER INCOME AVAILABLE FOR SCHOOL NEXT YEAR**

List each Scholarship and Grant you are applying for and the amounts:

Scholarships/Grants	Amount Applied For	Amount Awarded
_____	\$ _____	\$ _____
_____	_____	_____
PELL	_____	_____
TEG	_____	_____
McFarland Fund	_____	_____
Direct or Guaranteed Student Loans	_____	_____
Military Benefits	_____	_____

Have you submitted a FAFSA form for Federal Aid? \_\_\_\_\_ Have you received a Student Aid Report? \_\_\_\_\_

Students reapplying for a scholarship must fill out this page completely and accurately in addition to page 2.

**CURRENT YEAR SCHOOL EXPENSES**

	1st Semester	2nd Semester	
Tuition	Amount(s) \$ _____	\$ _____	
Fees	_____	_____	
Books	_____	_____	
Room and Board	_____	_____	
Personal/Incidental	_____	_____	
Other (Please specify)	_____	_____	
<b>SUBTOTAL EXPENSES:</b>	<b>\$ _____</b>	<b>+\$ _____</b>	<b>=*Total Expenses \$ _____</b>

**MONEY CURRENTLY PAYING FOR SCHOOL**

Give all sources and amounts of money you are actually receiving for the current school year.

Father _____	Stepfather _____	Amount \$ _____
Mother _____	Stepmother _____	_____
Husband/Wife _____		_____
Employer _____		_____
Part time work during school _____		_____
Summer work _____		_____
Social Security Benefit _____		_____
Veteran's Administration Benefit _____		_____
Other Income: Include any Scholarships and Grants and the amount you are receiving for the current school year.		
_____		_____
_____		_____
_____		_____
_____		_____
PELL		_____
TEG		_____
McFarland Fund		_____
Direct or Guaranteed Student Loans		_____
Military Benefits		_____
<b>*Total Money Available to Pay School Expenses</b>		<b>\$ _____</b>

**\*Total Money Available to Pay School Expenses should equal Total Expenses**

REFERENCE LETTER

List one personal reference from a current instructor, counselor, or employer. Please do not submit a copy of a previous letter.

Name	Relationship	Address	Telephone
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Your letter of recommendation may be included with your application or mailed directly to the McFarland Fund office in your county by March 1st. (See Fund Office addresses below.) If mailed directly, be sure the reference understands the letter must be received by the March 1st deadline.

FINANCIAL INFORMATION

Since McFarland Scholarship Grants are based primarily on financial need, applicants are asked to provide a copy of your parents' current signed Income Tax Form and your Tax Form if you work and file Income Tax.

PRIVACY STATEMENT

All personal information submitted to the McFarland Fund Scholarship Committee is confidential and used solely by the Committee in determining scholarship awards. All material submitted is secured and subsequently shredded.

Applications must include the following credentials and be received or mailed with a readable post mark no later than **MARCH 1<sup>st</sup>**. Late or incomplete applications will not be considered under any circumstance.

1. The completed application form
2. Official college transcript (copies are acceptable)
3. One letter of recommendation
4. Financial information described above

Tarrant County residents are requested to send or have forwarded all of the above to:

THE MCFARLAND FUND  
St. Andrew's Episcopal Church  
917 Lamar Street  
Fort Worth, Texas 76102

Parker County residents are requested to send or have forwarded all of the above to:

THE MCFARLAND FUND  
Weatherford ISD  
1100 Longhorn Drive  
Weatherford, Texas 76086

I understand that any money awarded to me will be paid directly to the institution I have chosen to attend. Furthermore, I understand that this money will be used for tuition, books, and fees. Money not needed for educational purposes will either be applied to my next semester's expenses or will be refunded to the Eddleman-McFarland Fund at year's end.

I certify that the foregoing statements are my own and are, to the best of my knowledge, true and Complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature