

D.D. HACHAR CHARITABLE TRUST FUND

**SCHOLARSHIP APPLICATION FOR HIGH SCHOOL
APPLICANTS**

ACADEMIC YEAR 2020 - 2021

D.D. Hachar Charitable Trust Fund

BBVA Compass Bank, Trustee

INSTRUCTIONS FOR HIGH SCHOOL GRADUATING SENIORS

2020 GRADUATING CLASS

Please submit application by Friday April 10, 2020.

The application must be completed, dated, and signed.

It is the student's responsibility to make sure that the application form and all supporting documents are submitted on time. (*Please provide your own copies.*)

No exceptions or extensions will be given.

Your application will not be accepted if it is incomplete.

THE FOLLOWING DOCUMENTS ARE REQUIRED AND MUST BE SUBMITTED IN ORDER TO PROCESS YOUR APPLICATION FOR ACADEMIC YEAR 2018-2019

THE FOLLOWING ARE DUE ON OR BEFORE APRIL 10, 2020

1. Application, current high school transcript and FAFSA (all pages)
2. Official Transcript, if taking any college/university courses.
3. Letter of Acceptance from the college or university you are planning to attend.
4. Financial Aid Award Letter from the college or university you are planning to attend.

The following is the website address to apply electronically to FAFSA:

www.fafsa.ed.gov

Should you have any questions, please call the D.D. Hachar Charitable Trust Fund office at (713) 831-5691 or e-mail dd-hachar-group.us@bbva.com.

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CRITERIA AND GUIDELINES FOR

HIGH SCHOOL GRADUATES

ACADEMIC YEAR 2020-2021

1. Students must be legal residents within the geographic area of Laredo, and/or Webb County and, at the discretion of the Trust Committee, a County that is contiguous to Webb County. A legal resident, for purposes of this application, is defined as a **U.S. citizen or Resident Alien** who is domiciled and resides in Laredo or Webb County and who has expressed intent to remain domiciled in Webb County
2. Family adjusted gross income cannot exceed **\$85,000** a year.

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SCHOLARSHIP APPLICATION FOR HIGH SCHOOL GRADUATING SENIORS

Academic Year 2020- 2021

Please PRINT or TYPE information. If an item does not apply to you, please write N/A.

Name of college/university planning to attend: _____

I. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
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Mailing Address: _____

Street/Apt. #	City/State	Zip Code
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Residential Address: _____

(If different from mailing address) Street/Apt. # City/State Zip Code

How long at current residential address: _____: (Check one) Rent _____ Own _____

Telephone No.: _____ Other No.: _____

E-mail Address: _____

Date of Birth: _____ Age: _____ Social Security No.: _____

Marital Status: (Check one) _____ Single _____ Married _____ Separated

Citizenship: (Check one) _____ U.S. Citizen _____ Resident Alien

If Resident Alien, please provide Country of Residence: _____

How long have you resided in the U.S.A.? Days: _____ Years: _____

II. ACADEMIC STATUS:

Name of High School: _____

Date of Graduation: _____

Class Rank: _____ out of _____ Overall Grade Point Average: _____

Scores: SAT (total two combined - R&M) _____ ACT _____

Have you passed your TAKS? _____ Date Passed _____

III. COURSE OF STUDY:

- A. Anticipated Major: _____
- B. Degree or Certificate: (Please check one)
____ Bachelor's Degree ____ Associate's Degree (two-year degree)
____ Certificate: _____
- C. Expected date of college/university graduation? _____

IV. HONORS AND DISTINCTIONS:

List major honors and distinctions in order of importance. Include why you received award and date received. If none, write in N/A.

AWARD/HONOR	BASIS OF AWARD	DATE RECEIVED

(If more space is needed, please attach a separate sheet)

V. EXTRA –CURRICULAR ACTIVITIES:

List all extra-curricular activities in which you have participated. Note any offices or special recognition held. If none, write in N/A.

ACTIVITY	NUMBER OF YEARS	OFFICE/RECOGNITION

(If more space is needed, please attach a separate sheet)

VI. COMMUNITY SERVICE AND EMPLOYMENT:

Describe the nature of the activity (examples: hospital volunteer, literacy volunteer, or help family care), your specific role when you participated in the activity and how much of your time was devoted to each activity. Also list your employment history, if applicable. If none, write in N/A.

ACTIVITY/EMPLOYMENT	WHERE	ROLE/POSITION	DATES	HOURS/WEEK

(If more space is needed, please attach a separate sheet)

VII. FAMILY FINANCIAL STATEMENT:

A. **DEPENDENT STUDENT** must answer the following:

Parent's current marital status: (Check one)

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Guardian's Name (if applicable) _____ Occupation _____

Total Household Income: \$ _____

Number of children in applicant's family (excluding applicant): _____

- Are any of applicant's brothers or sisters attending college? Yes _____ No _____

If Yes, number attending _____

B. If you are considered an **EMANCIPATED MINOR** or have **INDEPENDENT STATUS** please answer the following:

- *Independent status is determined through the Federal Financial Scholarship Application (FAFSA) if you meet the requirement status of an Independent student.*

Are you employed? Yes _____ No _____

If Yes, Name of Employer: _____

If married: Spouse's Name _____ Occupation _____

Total Household Income: \$ _____ No. of Children _____

VIII. OTHER INFORMATION:

Indicate any other pertinent information concerning the financial assets and obligations of your family that would be helpful to the reviewing committees in assessing your financial need for the assistance requested. (Any extenuating circumstances)

(If more space is needed, please attach a separate sheet)

IX. I, _____ hereby give authorization to the D.D. Hachar Charitable Trust Fund to release my name and award to the media as needed in keeping with the educational philosophies of the Foundation. (Check one)

Yes _____ No _____

- *In accordance with Federal Law 93.380, the Family Education Rights Private Act of 1974, you must indicate in the above space provided if you are in agreement with this request.*

X. **CERTIFICATION:**

I certify that all the information provided is true and correct to the best of my knowledge. I understand that false statements or omission of documents will disqualify me from consideration for any scholarships or may result in termination of any scholarship granted.

I certify that I have read the application information, instructions, and criteria as well as this Certification and I understand and accept all conditions specified. Failure to sign this certification will result in ineligibility.

Signature: _____

Date: _____

All information reported on this form is kept CONFIDENTIAL

REV.: 2020