



MIDLAND COLLEGE

3600 N. GARFIELD - MIDLAND, TEXAS 79705-6399 - AC 432/685-4500

Office of Financial Aid

FASKEN FOUNDATION SCHOLARSHIP FOR GRADUATING SOPHOMORES

Listed below are the requirements for the Fasken Foundation Scholarship.

GUIDELINES:

- Amount of Scholarship: \$1,500.00 a semester. Renewable for two (2) years or (4) semesters if qualifications are met.
- Recipient to be selected: Graduating sophomore students participating in the graduation ceremony, will be selected by the Midland College Scholarship Committee with approval of the Fasken Foundation.
- Method of payment: To the college or university the student will attend each semester upon receipt of required data.

QUALIFICATIONS:

1. No restrictions as to race, creed, or sex of recipient.
2. Scholastic Achievement: Major Factor-minimum 3.0 GPA.
3. Extracurricular Activities: Major Factor-Participation in school activities and community service is important.
4. Financial Need: Major Factor-Student must demonstrate financial need.
5. Student must be a citizen of the State of Texas and the United States and attend an accredited college or university in Texas.
6. Student does not have to pursue a particular course of study, but must be in an approved degree program.
7. Student must be and remain unmarried.

CONTINUED ELIGIBILITY:

The Foundation may discontinue scholarship for the following reasons:

- Disciplinary action by college or university.
- Student marrying while receiving the scholarship.
- Failure to maintain a 2.0 GPA with a minimum of twelve (12) hours each semester.

APPLICATION MUST BE ACCOMPANIED BY TRANSCRIPT, PICTURE, AND THREE (3) LETTERS OF REFERENCE.

APPLICATIONS MUST BE TURNED IN BY APRIL 1, 2005, TO THE FINANCIAL AID OFFICE. DO NOT SUBMIT APPLICATIONS OR REFERENCE LETTERS TO THE FASKEN FOUNDATION.

For additional information or questions please contact the Scholarship Office at 432-685-5510

Attach
Recent
Photo

The Fasken Foundation
307 East 2nd Street
Austin, TX 78701

APPLICATION FOR GRADUATING SOPHOMORE SCHOLARSHIP

Date: _____
Name: _____ Soc. Sec. No.: _____ - -
Address: _____ Phone No.: _____
Place of birth: _____ Age: _____ Sex: _____ Date of birth: _____

Name and address of Parent or Guardian:

Give name, occupation and address of at least three people that will provide the committee with a reference for you (no relatives).

(Attach 3 letters of recommendation you believe will help you)

What college(s) do you plan to attend? _____

Have you applied? _____ Been accepted? _____

What major have you selected? _____ What degree? _____

Why do you want to attend college? _____

What do you plan to do with a college education? _____

What scholarships have you applied for? _____

List extra-curricular activities or honors at Midland College: _____

For Scholarship Committee

Cumulative GPA: _____ Rank#: _____ #In Class: _____

Need: _____ Average: _____

Citizenship: _____

What do you anticipate your next year's college costs to be? _____

How will you pay these costs? _____

List jobs held or work done while at Midland College:

Employer	Business	Position or Job
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide any other information you believe important to support your application for the Fasken Scholarship.

I understand that The Fasken Foundation Scholarship is restricted to citizens of the United States to attend colleges or universities in the State of Texas. I understand that the scholarship is a semester by semester program that will continue as long as I maintain a grade point average equivalent to a "C" or a 2.00 GPA; pass a minimum of twelve hours each semester; am not subject to any disciplinary action by the college or university; and **remain unmarried; the scholarship will be continued for maximum of two years or four semesters.** The scholarship is restricted to an undergraduate degree. If a degree is earned prior to four semesters the scholarship is terminated.

Signed: _____
Applicant

****This Application must Have a Copy of Your Midland College Grades Attached****

Parent Scholarship Form
(To Be Completed by Parent if Student is Dependent)

Name of Applicant: _____

Father's Occupation: _____

Father's Employer: _____

Mother's Occupation: _____

Mother's Employer: _____

Names, ages, and year in school of brothers and sisters:

Resource Information		College Costs	
Parent's AGI:	\$ _____	Tuition & Fees	\$ _____
Parent's monthly contribution x 9 months:	\$ _____	Room & board	\$ _____
Parent savings	\$ _____	Books	\$ _____
Student's savings	\$ _____	Personal expense	\$ _____
Student's earnings	\$ _____	Transportation	\$ _____
Other sources	\$ _____	Other	\$ _____
Total	\$ _____	Total	\$ _____

Income provided by student: _____

(List any financial aid you may receive in the student's earnings line.)

Any other data you believe would assist the committee in determining financial need for this scholarship:

Signature: Parent/Guardian

Date