



Texas Crab Festival Charities
 PO Box 2002
 Crystal Beach, Texas 77650
 Website: TCFCharities.org
 Email: info@tcfcharities.org

APPLICATION FOR GRANT / SCHOLARSHIP

1. ORGANIZATION TYPE: CIVIC COMMUNITY CHARITY 501(c)(3)
 ORGANIZATION APPLICANTS COMPLETE SECTION 1, 6, 7, 8. MUST BE SIGNED BY A DIRECTOR.
 NAME _____ Years in existence _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE _____ Email _____
 CONTACT _____ EIN# _____

2. INDIVIDUAL INFORMATION
 NAME _____ MALE FEMALE
 PHYSICAL ADDRESS _____
 MAILING ADDRESS _____
 CITY/STATE/ZIP _____
 HOME PHONE _____ CELL PHONE _____
 EMAIL _____ DATE OF BIRTH _____
 LANGUAGE ENGLISH SPANISH OTHER _____ BILINGUAL
 DRIVERS LICENSE# (or State ID#) _____ HAVE TRANSPORTATION Y N
 MARITAL STATUS SINGLE MARRIED SEPARATED DIVORCED WIDOWED
 DO YOU LIVE ON BOLIVAR PENINSULA YES NO NUMBER OF YEARS <1 1-5 6-10 >10
 LIVING INDEPENDENTLY NUMBER OF HOUSEHOLD MEMBERS _____
 LIVING WITH FAMILY / OTHER RELATIONSHIP _____
 SCHOOL YOU PLAN TO ATTEND _____
 FOUR YEAR TWO YEAR TECH SCHOOL TRADE / VOCATIONAL SCHOOL CERTIFICATION

3. EMPLOYMENT INFORMATION
 EMPLOYED HOW LONG _____ EMPLOYER _____
 OCCUPATION _____ UNEMPLOYED HOW LONG _____
 STUDENT SCHOOL ATTENDING _____

4. EDUCATIONAL INFORMATION
 HIGH SCHOOL _____ YEAR GRADUATED _____ GED
 HIGHER EDUCATION COLLEGE BA/MA/PhD TECH SCHOOL ASSOCIATES DEGREE
 CERTIFICATIONS _____

5. FINANCIAL INFORMATION
 HAVE YOU APPLIED FOR **FAFSA** NO YES DATE APPLIED _____
 PENDING REJECTED APPROVED AMOUNT RECEIVED _____
 HAVE YOU APPLIED FOR **TAFSA** NO YES DATE APPLIED _____
 PENDING REJECTED APPROVED AMOUNT RECEIVED _____
 OTHER GRANTS / SCHOLARSHIPS RECEIVED (please list)
 DONOR _____ AMOUNT _____
 WHAT OTHER FINANCIAL SUPPORT WILL YOU BE RECEIVING TO ACHIEVE YOUR GOAL? (please specify below)

 TOTAL PERSONAL INCOME _____ TOTAL HOUSEHOLD INCOME _____

