



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 _____



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6. DESCRIBE ANY SPECIAL CIRCUMSTANCES WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEED FOR FINANCIAL ASSISTANCE _____

7. DESCRIBE YOUR PLANS AND GOALS FOR THE FUTURE. IF AWARDED THIS GRANT, HOW WILL THIS HELP YOU?

8. WORKSHEET

DOCUMENTED COSTS	
<LESS> STUDENT AID OR OTHER GRANTS RECEIVED	< _____ >
TOTAL AMOUNT REQUESTED	_____

- ATTACH AN ITEMIZED INVOICE OR LIST OF DOCUMENTED COSTS ASSOCIATED WITH THIS FUNDING REQUEST
- ATTACH GPA OR COPIES OF CERTIFICATIONS AWARDED
- ATTACH COPY OF DRIVERS LICENSE OR STATE ID I DO NOT HAVE A DRIVERS LICENSE OR STATE ID
- ATTACH TWO (2) REFERENCE LETTERS FROM A TEACHER, EMPLOYER, CLERGY, LANDLORD, ETC.

TEXAS CRAB FESTIVAL CHARITIES BOARD OF DIRECTORS SERVE AS A SELECTION COMMITTEE TO RECEIVE AND REVIEW APPLICATIONS ON AN ONGOING, CASE BY CASE BASIS. SELECTION IS BASED ON RESIDENCY, FINANCIAL NEED, FUTURE PLANS, AMBITION AND REFERENCES. IF SELECTED FOR THIS AWARD, THE COMMITTEE WILL NOTIFY YOU OF YOUR OBLIGATION OF ACCEPTANCE. PLEASE SIGN AND DATE THIS APPLICATION TO SIGNIFY YOUR AGREEMENT AND TO CERTIFY THAT ALL RESPONSES ARE TRUE AND FACTUAL.

SIGNATURE _____ DATE _____

THIS APPLICATION MUST BE COMPLETELY FILLED OUT IN ORDER TO BE CONSIDERED. USE EXTRA SHEETS IF NECESSARY.