

Hale-Moore Education Fund

C/O Sam R. Moseley
Attorney
110 West Houston, Suite 100
Marshall, TX 75670

APPLICATION FOR SCHOLARSHIP AWARD

FIRST TIME APPLICANT ONLY:

1. Name and address: _____

telephone number: _____

2. Parent(s) name _____

Approximate combined
family income:

_____ under \$30,000

_____ \$30,000-\$60,000

_____ over \$60,000

3. Church membership: _____
Name of Church

_____ *City*

_____ *State*

4. Church and community involvement:

_____ *Activity*

_____ *Year(s)*

5. High School name and anticipated graduation date: _____

6. College or University to be attended in Fall semester:

PASTOR'S CERTIFICATION

I certify that I am acquainted with _____
who is a member of _____ Church, where I am
Pastor. I have read the Application for Scholarship Award completed by my church
member, and **I believe the representations made are accurate.**

(Signature)

(Pastor's name - printed)

Name of Church: _____

Address: _____

Telephone: _____