



HCA SCHOLARSHIP APPLICATION FORM - 2025

1) Name: _____ , _____ (Last) (First) (Middle)

2) Social Security No: _____ Birth date: _____

3) Address: _____ Email: _____

4) Phone No. _____

5) PARENTS NAME	<u>Father</u>	<u>Mother</u>																																										
ADDRESS																																												
HCA MEMBER NAME																																												
OCCUPATION/JOB TITLE																																												
LIST THE DEPENDENT(S) OF THE PARENTS	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 15%;"><u>Age</u></th> <th style="text-align: left; width: 60%;"><u>Relationship to Applicant</u></th> </tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> </table>	<u>Name</u>	<u>Age</u>	<u>Relationship to Applicant</u>	_____			_____			_____			_____			_____			_____			<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 15%;"><u>Age</u></th> <th style="text-align: left; width: 60%;"><u>Relationship to Applicant</u></th> </tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> </table>	<u>Name</u>	<u>Age</u>	<u>Relationship to Applicant</u>	_____			_____			_____			_____			_____			_____		
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LIST THE FAMILY MEMBERS WHO ARE NOW ATTENDING COLLEGE OR TRADE SCHOOL	<table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____	_____	<table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____	_____																														

6) If the family faces any extraordinary or unusual financial problems or obligations, please explain:

7) Please provide information of your previous full-time or part-time employment:

DATES		EMPLOYER	TYPE OF WORK	HOURS/WEEK
Start	End			

8) The scholarship awarded by the committee will not be sufficient to cover all costs of post high school education. How do you expect to meet the additional expenses?

9) Name, address, and phone number of the school at which you have been accepted and will be attending:

10) Number of college hours completed: _____

11) When do you expect to graduate from college (Month/Year)? _____

12) College Major/Minor: _____

13) If attending a vocational school, please provide information regarding the program, cost, length, and courses completed:

14) List each college income scholarship which you have received, past and present, from what organization, and the dollar amount per year:

*** Sections 15 – 19 Applicable to High School Seniors Only**

(Applicant that submitted college transcript need not answer questions regarding high school)

*15) What year did you or will you graduate from high school? _____

*16) Name and address of high school from which you graduated:

Phone Number: _____

Name of principal or counselor: _____

Title: _____

*17) Does your high school offer honors classes or an honor program? Yes _____ No _____

Did you participate in the honors program? Yes _____ No _____

If yes, list the honors classes you took, year, and grade received.

Honors Class

Year

Grade Received

*18) What is your high school ranking in graduating class? _____

Number in class: _____ Date of ranking: _____

*19) ACT and/or SAT test scores: _____

20) Current Grade Point Average: _____

Is the GPA at your school based on 4.0? _____

If no, what is it based on? _____

21) List your favorite recreation and hobbies:

22) In what high school or college activities such as sports, drama club, band, etc., did you participate? (Include offices held in high school and college.) **If already in college, only list your college activities.**

	<u>High School</u>	<u>College/Higher Education</u>
Freshman:		
Sophomore:		
Junior:		
Senior:		

23) List any outside activities or organizations such as scouting, 4-H, church, etc., which you participated in. **If already in college, only list your outside college activities.**

	<u>High School</u>	<u>College/Higher Education</u>
Freshman:		
Sophomore:		
Junior:		
Senior:		

24) List any special honors, recognition, awards you have received. **If already in college, only list your college honors, recognition, and awards.**

	<u>High School</u>	<u>College/Higher Education</u>
Freshman:		
Sophomore:		
Junior:		
Senior:		

[illegible]

26) State the reasons why you believe you should be awarded this scholarship:

27) I certify that all statements contained in this application are true and correct:

Signed: _____

Date: _____

HCA SCHOLARSHIP APPLICATION - “CHECKLIST”

APPLICANT NAME: _____

NOTE: For each of the application process ‘Checklist’ items listed below, please refer to the document titled **“2025 HCA SCHOLARSHIP APPLICATION – INSTRUCTIONS”** for instructions and definitions before completing this application.

-
- _____ Member eligibility verified
 - _____ HCA Scholarship Application Form completed
 - _____ 2024/2025 Official Transcript (UNOPENED)-
(If you are already in college, a “high school” transcript is not required.)
 - _____ ACT and/or SAT scores (UNOPENED)-
(High School seniors only)
 - _____ Letter of Acceptance (from college or trade school)-
 - _____ Letter of Recommendation (LOR)
 - _____ 5 x 7 color photo of the applicant (portrait format only) (electronic photo preferred)
 - _____ Bio of the applicant (Word document only)
 - _____ Signature and date
 - _____ Scholarship Application and required information sent to HCA on or prior to stated deadline.

HCA Scholarship Contact Information:

Houston Chemical Association
Attn: David Fortune
12436 FM 1960 West
PMB 158
Houston, TX 77065
dfortune1954@gmail.com
281-731-2884 (cell)