

REQUEST FOR FINANCIAL SUPPORT

Clarence and Lucille Hillard Educational Trust

(This form must be completed in its entirety for each scholarship request)

Eligible recipients will receive a check after the trustees receive the following:

- 1.) This form
- 2.) An official copy of the upcoming class schedule and fees
- 3.) A transcript of the previous semester/quarters grades.
- 4.) Part time students must include receipts for required textbooks
- 5.) Verification of 5 hours of community service and 300-500 word essay on the experience (See website for details)

Name _____ Phone _____ Soc. Sec. # _____

Permanent mailing address _____

Mailing address for check: _____

Email _____ Degree Sought _____

Number of semesters/quarters left to fulfill your degree _____

Circle One: Vocational Associates Bachelor Master Doctorate Other: _____

Are you related to Lucille or are you related to Clarence? _____

Explain how you are related (i.e. your genealogy)

INSTITUTIONAL INFORMATION

Name of school _____

School address _____

Phone number of Registrar's office _____

Trust Mailing Address

todd.hillard@gmail.com

or

Hillard Educational Trust
C/O Todd Hillard
2209 Westview Trail
Denton, TX 76207

Part Time Students Only

Tuition: _____ + Text Books: _____ + Fees: _____ = Total Request: _____