

United Daughters of the Confederacy®

Texas Division Scholarship Application Checklist

Division	<u>Texas</u>	Date	_____
Sponsoring Chapter	_____	Applicant's name	_____
Location	_____	Permanent address	_____
Chapter Contact	_____	City, State, Zip	_____
Address	_____	Area code/phone	_____
Phone/E-mail	_____	E-mail	_____

HOW TO SUBMIT APPLICATION (check completed)

- All required materials placed flat in one stack in an envelope in the order listed below
- Materials not folded or stapled (may be secured with clip)
- Packet submitted to Second Vice President of sponsoring Chapter by Chapter's deadline to allow time to submit to Division Second Vice President by March 15 deadline
- Self-addressed, stamped 9 X 12 envelope enclosed if wish to have materials #1-4 returned

REQUIRED MATERIALS – ONE EACH OF THE FOLLOWING (check completed)

- 1. Wallet-sized photograph of head and shoulders suitable for publication in the UDC Magazine if applicant is awarded scholarship (print name on back of photo)
- 2. *Division Scholarship Application Checklist* (this form, revised 2014), complete with all information
- 3. *Lineage Form* (official UDC form, revised 2014), complete with all information and proof of lineage
OR applicant's approved original UDC or CofC Application.
- 4. Copy of Confederate ancestor's service record (copy of approved UDC or CofC application is acceptable):
a) for military, submit official Confederate military record from authoritative source, must show unit and state;
b) for civil service or Material Aid, submit proof from authoritative source and give full description of service (if ancestor signed Oath of Allegiance prior to April 9, 1865, proof of further service required)

REQUIRED MATERIALS – ORIGINAL SET AND FOUR COPIES (total of FIVE copies) OF THE FOLLOWING COLLATED SETS (check completed)

- 5. *Texas Division Scholarship Application Form* (official UDC form, revised 2014), complete with all information Signed by UDC Chapter **and** Division (or CWND) President, and Second Vice President
- 6. Letter of endorsement from sponsoring UDC Chapter
- 7. Letter of recommendation from recent teacher/counselor (on school's letterhead) with objective evaluation of applicant
- 8. *Financial Report Form* (official UDC form, revised 2014), complete with all information
- 9. Official grade transcript of previous year and fall semester/quarter.
- 10. Signed **Letter** from applicant (maximum 300 words): 1) pledging to make best possible use of the opportunity offered by a UDC scholarship; 2) outlining goals and plans/preparation for meeting them; 3) explaining what receiving a UDC scholarship would mean to the applicant.

Any application not complying with the above requirements shall be classified as incomplete and shall not be submitted to the Texas Division Education Committee for consideration

United Daughters of the Confederacy®
Texas Division Scholarship Application Form

Date _____

1. Name _____ 2. Area code/telephone _____
3. Permanent address _____
City _____ State _____ Zip code _____
4. E-mail _____
5. Date of birth _____ 6. Date of high school graduation _____
7. College student currently? _____ If yes, classification _____
9. Name of parents or guardian _____
10. Address _____
City _____ State _____ Zip code _____
11. Occupation: Father _____ Mother _____
12. Name of Confederate ancestor _____
13. For military service, give unit & state (include rank, if available) _____
For civil service or Material Aid, give full description of service _____

14. If applicant is a UDC/CofC member, approved original UDC/CofC application is enclosed instead of Lineage Form.

15. If applicant's relative is a UDC/CofC member, complete the following (use back of page if more space is needed)

Name of member	Relation	UDC	CofC	Chapter name/number

16. High school preparation for college (course of study) _____
17. Cumulative GPA/scale _____ Test scores: SAT _____ and/or ACT _____
18. Name of college or university applicant will attend _____
19. Address _____ 20. Proposed major _____
21. Sponsoring UDC Chapter name/number and Division or CWND _____
22. _____ President of _____ Chapter
(original signature required on original form)
- _____ Second Vice President of _____ Chapter
(original signature required on original form)
- _____ President of _____ Division
(original signature required on original form)
- _____ Second Vice President of _____ Division
(original signature required on original form)

IMPORTANT: Follow all instructions on the *Checklist*

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LINEAGE FORM FOR NON-UDC/COFC MEMBERS

Complete your lineage on the chart below for all generations up to and including your Confederate ancestor. Proof of lineage is required as necessary to prove the line to the Confederate ancestor. (Birth and/or death certificates, census records, family Bible records or other authoritative sources) Applicant must be lineal descendant of Confederate ancestor unless a member of the UDC or CofC. Approved UDC/CofC membership application of relative may be used as proof of lineage on this form.

Generation 1

Applicant

I am the son daughter of

Generation 2

Husband

Wife (maiden name)

*Proof: **Applicant's birth certificate***

The said _____ Is the son daughter

Generation 3

Husband

Wife (maiden name)

Proof:

The said _____ Is the son daughter

Generation 4

Husband

Wife (maiden name)

Proof:

The said _____ Is the son daughter

Generation 5

Husband

Wife (maiden name)

Proof:

The said _____ is the son daughter

Generation 6

Husband

Wife (maiden name)

Proof:

The said _____ is the son daughter

Generation 7

Husband

Wife (maiden name)

Proof:

The said _____ is the son daughter

Generation 8

Husband

Wife (maiden name)

Proof:

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Financial Report Form

Date _____ Name of applicant _____

(If applicant is self-supporting, use the parents' spaces for self and spouse)

Applicant's father/guardian or spouse

Applicant's mother/guardian or spouse

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip code _____

State _____ Zip code _____

Employer _____

Employer _____

Position _____

Position _____

Parents/Guardian combined Annual income (circle)	under \$25,000	\$25,000 to \$50,000	\$50,000 to \$75,000	\$75,000 to \$100,000	\$100,000 to \$150,000	\$150,000 to \$200,000	Over \$200,000
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Other anticipated sources of income or financial aid (include other scholarships)

Other information concerning financial assets/obligations that explain need for UDC scholarship

Applicant's estimated expenses for one year of college/university

- Tuition \$
 - Room and board \$
 - Books and supplies \$
 - Other (please specify) \$
- Total estimated expenses \$

Additional comments _____

Applicant _____
(signature required)

Father/guardian _____ Mother/guardian _____
(signatures required unless applicant is financially independent)

Note: Original signatures required on original form.