

# TEXAS CAUBLE FAMILY ASSOCIATION

*THE CAPTAIN TODD CHRISTMAS MEMORIAL SCHOLARSHIP*

## APPLICATION

*Academic Year:* \_\_\_\_\_

Parents: \_\_\_\_\_ Cauble Registry# \_\_\_\_\_

Date of Application \_\_\_\_\_ Applicant's birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Last first middle

Address: \_\_\_\_\_  
number and street city state zip

County: \_\_\_\_\_, E-mail address \_\_\_\_\_

College or Vocational school you plan to attend: \_\_\_\_\_

Intended Major: \_\_\_\_\_

or Certification goal: \_\_\_\_\_ Attach Photo Here

Do you plan on enrolling in an ROTC program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Number in family living at home: \_\_\_\_\_

Describe any unusual circumstances or conditions which indicate financial need:

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(use additional page if needed)

