

Scholarship Application

For Independent Contractors, Employees and/or their Dependents of Lone Star Transportation, LLC

2024-25 TEXR Foundation Scholarship Application

A scholarship from the TEXR Foundation will be awarded in consideration of an applicant's academic achievements, community involvement and financial need. It is awarded for one year in an amount determined by the Foundation. It is valid for the academic year it is awarded and cannot be held over without the approval of the Foundation Board of Trustees. Applicant must be an independent contractor or employee (or a dependent) at Lone Star Transportation, LLC. Please provide a cover letter of 300 words or less describing why you believe you should be awarded a scholarship. **Deadline for application is July 19, 2024.**

1. Personal Data				
Name	Social Security No.			
Mailing address				
City		State	Zip	
Telephone number (_)			
E-Mail Address				
Date of Birth	Age	Single	Married	No. of Dependents
How are you affiliated with	Lone Star Tran	sportation		
Employee	Independent Cont		ntractor	Dependent
If you are a dependent of an	n employee or c	ontractor, plea	se provide	
Relative's Name:			Relationsh	nip to Student:
Employee/Contractor Supe	rvisor's Name:			

High School City: Year of High School Graduation Name of College or University Years of College Completed Major: Minor: Activities, Awards and Honors (List on a separate sheet.) Should you be awarded a scholarship, please provide all college/university contact information where the funds should be sent. Univ.: Address: City: State: Zip:	Supervisor's Phone: ()	ext				
Year of High School Graduation Name of College or University Years of College Completed Major: Minor: Activities, Awards and Honors (List on a separate sheet.) Should you be awarded a scholarship, please provide all college/university contact information where the funds should be sent. Univ.: Address: City: State: Zip:	2. School History					
Activities, Awards and Honors (List on a separate sheet.)	High School	City	y:			
Years of College Completed Major: Minor: Activities, Awards and Honors (List on a separate sheet.) Should you be awarded a scholarship, please provide all college/university contact information where the funds should be sent. Univ.: Address: City: State: Zip:	Year of High School Graduation					
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the funds should be sent. Univ.: Address:			ersity contact information where			
Address:State:Zip:		· <u> </u>	,			
	Univ.:					
Check if applicable: trade school 4-year Univ Jr. College online/other	Address:	City:	State:Zip:			
	Check if applicable: trade school	4-year Univ.	Jr. College online/other			
3. Additional Information	3. Additional Information					
Hobbies and recreational interests:	Hobbies and recreational interests:					
Have you ever been convicted of a felony? If yes, attach a full explanation of conviction.	Have you ever been convicted of a felony?	If yes, attach a full	explanation of conviction.			
Applicant's employment record: (list most recent employer first) Date Company Name City Supervisor Applicant's Position	· · · · · · · · · · · · · · · · · ·	± •	Applicant's Position			
If you are a decay doubt list yours	If you are a decay doubt list your					
If you are a dependent, list your:						
Father's NameOccupation:	Father's Name	Occupation:				
Mother's NameOccupation:	Mother's Name	Occupation:				
List the type and amount of any other financial aid <u>you are</u> receiving:	List the type and amount of any other finan	ncial aid <u>you are</u> receiving:				

✓ CHECKLIST ✓

□completed application □cover letter

MAIL TO

TEXR Foundation • P.O. Box 92777 • Southlake, Texas 76092

For questions or more information please call (214) 205-7495 or e-mail bwebb@legacyfem.com

Deadline for Entry is July 19, 2023

www.texrfoundation.org

