

**THE HUGHEN CENTER, INC.**  
2849 Ninth Avenue • Port Arthur, Texas 77642  
Phone: (409)983-6659 Fax: (409)983-6408

**Instructions: This is an interactive form. Please complete all form fields, save the document and email this document to [info@hughencenter.org](mailto:info@hughencenter.org) or fax to 409-983-6408.**

**APPLICATION FOR RESIDENTIAL SCHOLARSHIP**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

**FATHER**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Annual Gross Income \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Other Sources of Income \_\_\_\_\_ Annual Amount \_\_\_\_\_

**MOTHER**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Annual Gross Income \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Other Sources of Income \_\_\_\_\_ Annual Amount \_\_\_\_\_

1. If parents are divorced, please provide a copy of the most recent court documents as regards to custody and child support provisions.
2. List any other information relative to the family situation which you wish to include that may have an effect on the decision of the scholarship committee. (Use the reverse side of this form if necessary)

I understand this information will be submitted and reviewed in confidentiality by the Scholarship Committee of The Hughen Center, Inc. Further, I agree to notify the Executive Director should there be any major changes in family financial status as currently presented (unemployment, separation, divorce, substantial increase to monthly income).

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

*\*Signature required at time of placement.*