

Scholarship Application 2026

McLaughlin Doty Foundation

Introduction

INTRODUCTION TO THE BOARD*

Please submit a brief introduction to the Foundation Board of Directors telling us about yourself, including a description of why you have selected the applicable educational institution; your proposed major, educational goals, and career goals; and a statement of financial need or hardship requiring the scholarship or any special circumstances of which the Board should be aware. All writing should be your own.

Character Limit: 3000

Student Information

Project Name*

Please enter your last name followed by your first initial and the year you are graduating from high school in the form **Last Name, First Initial - Graduation Year**.

For example: John Doe graduating in 2026 would be Doe, J - 2026

Character Limit: 100

BIRTH DATE*

Character Limit: 10

GENDER*

Choices

Male

Female

Prefer not to answer

RACE/ETHNIC BACKGROUND (optional)

Choices

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or other Pacific Islander

White (not of Hispanic or Latino origin)

Two or more races

Other

Parent/Guardian Information

MOTHER'S NAME*

Character Limit: 250

MOTHER'S OCCUPATION AND EMPLOYER*

Please include the name of the business if applicable.

Character Limit: 250

MOTHER'S EDUCATION*

Please select your mother's highest level of education.

Choices

No School
Elementary School
Middle School
Some High School
High School Graduate
Some College
Associate's Degree
Bachelor's Degree
Master's Degree
Doctorate
Professional Degree
Unknown

FATHER'S NAME*

Character Limit: 250

FATHER'S OCCUPATION AND EMPLOYER*

Please include the name of the business if applicable.

Character Limit: 250

FATHER'S EDUCATION*

Please select your father's highest level of education.

Choices

No School
Elementary School
Middle School
Some High School
High School Graduate
Some College
Associate's Degree
Bachelor's Degree
Master's Degree
Doctorate

Professional Degree

Unknown

GUARDIAN'S NAME

Only enter this information if it is applicable to your situation.

Character Limit: 250

GUARDIAN'S OCCUPATION AND EMPLOYER

Character Limit: 250

GUARDIAN'S RELATIONSHIP TO YOU

For example: Is your guardian an aunt, uncle, grandparent, foster parent, etc.?

Character Limit: 250

FAMILY/HOUSEHOLD*

Briefly describe your family/household or living situation. *(For example: Do you live with both parents or a single parent? Do you have siblings? Are there other people or family members besides your immediate family living in your house?)*

Character Limit: 3000

FAMILY IN COLLEGE*

Number of family members who will be in college in the fall of 2026 (including yourself)

Character Limit: 250

Educational Information - High School

HIGH SCHOOL*

Choices

Tivy High School

Ingram Tom Moore High School

Center Point High School

Harper High School

Our Lady of the Hills High School

Hill Country High School

Home School (please see below)

Other (please see below)

Home School/Other

If you selected "Home School" or "Other" above, please list the name and address of your high school or the name of the accredited home school program.

Character Limit: 250

GUIDANCE COUNSELOR*

Please list name, email address, and phone number.

Character Limit: 250

CUMULATIVE GPA*

Character Limit: 50

CLASS RANK*

Please include your class rank and the number of students in your class. For example: 1 of 250. If your high school does not rank students, please write non-ranking school.

Character Limit: 250

SAT/ACT SCORE*

Please enter your SAT and/or ACT score.

Character Limit: 250

COLLEGE CREDITS*

Please list the number of college credits/hours you will be graduating from high school with.

Character Limit: 3

ASSOCIATE'S DEGREE*

Will you also be receiving your associate's degree upon graduation from high school?

Choices

Yes

No

Educational Information - College

COLLEGE OR EDUCATIONAL FACILITY YOU PLAN TO ATTEND*

Character Limit: 250

INTENDED DEGREE PLAN OR MAJOR (and minor, if applicable)*

Character Limit: 250

HAVE YOU BEEN ACCEPTED TO THIS SCHOOL?*

You may be asked to provide a copy of your acceptance letter.

Choices

Yes

No

OTHER SCHOOLS

If you answered NO above, what school do you plan to attend if you are not accepted to your first-choice school? (You can list more than 1 school if you are undecided, but please list them in order of preference.)

Character Limit: 500

DO YOU INTEND TO ATTEND SCHOOL FULL-TIME OR PART-TIME?*

Recipients of the McLaughlin Doty Foundation Scholarship are required to be enrolled as full-time students.

Choices

Full-time
Part-time

ANTICIPATED COLLEGE COMPLETION*

How long do you anticipate it will take you to complete your degree?

Choices

more than 4 years
4 years
3 years
2 years
1 year
less than 1 year

ARE YOU A FIRST GENERATION COLLEGE STUDENT?*

Being a first generation student means that neither of your parents completed a 4-year college or university degree.

Choices

Yes
No

Financial/FAFSA

YOUR FAMILY'S ANNUAL HOUSEHOLD INCOME*

Please choose a range.

Choices

less than \$35,000
\$35,001-\$55,000
\$55,001-\$75,000
\$75,001-\$100,000
\$100,001-\$150,000
\$150,001-\$200,000

over \$200,000

HAVE YOU COMPLETED THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)?*

We strongly encourage all eligible students to complete the FAFSA prior to submitting their application.

Choices

Yes

No

I am not eligible to complete the FAFSA

FAFSA Information

STUDENT AID INDEX (SAI)*

Please list your Student Aid Index (SAI) as reported in your FAFSA Submission Summary (FSS). Your SAI can be found on your FSS under the "Eligibility Overview" tab.

Character Limit: 20

PELL GRANT*

According to your FAFSA Submission Summary (FSS), are you eligible to receive a Pell Grant?

Choices

Yes

No

PELL AMOUNT

If you answered "YES" to the previous question, please list the amount of the Pell Grant you are eligible to receive.

Character Limit: 20

If you feel like your FAFSA doesn't accurately reflect your family's current financial situation, please give a brief explanation why.

Character Limit: 1000

TASFA

TASFA*

If you are not eligible to complete the FAFSA, are you eligible to complete the TASFA (Texas Application for State Financial Aid)? (*We strongly encourage any applicants who are not eligible to receive financial aid through the FAFSA to complete the TASFA prior to submitting their application.*)

The TASFA requirements and application can be accessed via the Texas Higher Education Coordinating Board at: <https://www.highered.texas.gov/students-families/tasfa/>

Choices

Yes

No

Expenses & Other Financial Assistance

PART A: COST OF ATTENDANCE*

Please enter the most recent Cost of Attendance for the school you plan on attending or for your top-choice school. This information is available on your school's website if you search Cost of Attendance. Please enter the **TOTAL** average cost before aid for the **2026-27** school year. (This amount should generally include all tuition and fees, books and supplies, room and board, and other expenses.)

**You will also need to attach a copy of the Cost of Attendance breakdown at the end of your application.*

PART A:

TOTAL COST OF ATTENDANCE (2026-27):

Character Limit: 20

PART B: FINANCIAL ASSISTANCE

Please list all financial assistance you will receive to assist in paying for your educational expenses. This includes all federal grants such as Pell or SEOG; scholarships and grants offered by private organizations and/or your educational institution; athletic scholarships; military benefits; and any other college savings you may have.

If you are not receiving any additional financial assistance, please enter 0 in Column (4) at the bottom for Total Part B.

For each item enter:

(1) The name of the scholarship, grant, or the source of the funding;

(2) The type of financial assistance;

(3) The purpose, conditions, or time period of the funding (For example: 1 time scholarship for books only or \$2000/year educational scholarship for 4 years);

(4) Total amount of funding received for the 2026-27 academic year. (For example: enter a \$20,000 total scholarship paid over 4 years as \$5000.)

	(1) Name of Scholarship, Grant or Source of Funding	(2) Type of Financial Assistance	(3) Purpose (for ex: 1 time for books)	(4) Total Amount (for 2026-27)
1				
2				
3				
4				
5				
TOTAL PART B:				

TOTAL AMOUNT OF FUNDS NEEDED*

Please subtract the Total from **Part B** above from the Total from **Part A** above.

For Example:

Total Part A (Total Cost of Attendance): \$50,000
- Total Part B (Total Financial Assistance): - \$10,000
Total Amount of Funds Needed 2026-27: \$40,000

Character Limit: 20

REMAINDER OF FUNDS*

Based on the Total Amount of Funds Needed above, how much money does your family expect to be able to contribute to your education next school year? Please provide an honest amount. *This does NOT have to match the FAFSA amount.*

Character Limit: 20

PART C: OTHER FINANCIAL ASSISTANCE

Please list any other significant scholarships, grants, or financial assistance you have applied for to assist in paying for your educational expenses (only list if the total amount of the grant or scholarship is over \$1000).

Please indicate next to each item:

- (1) The name of the scholarship, grant, or other financial assistance applied for;*
- (2) The amount of the scholarship, grant, or money requested; and*
- (3) The approximate date you expect to receive notification of approval or denial of your application.*

Character Limit: 1000

Activities and Awards

ACTIVITIES AND COMMUNITY SERVICE*

Please list the extracurricular (both in and out of school) and community service activities in which you have participated (*with a meaningful contribution of your time*) while in high school. Please include a description including general time commitment, dates involved, and any leadership roles you may have held.

Character Limit: 5000

AWARDS AND HONORS

Please list any *significant* awards and honors you have received.

Character Limit: 5000

Work Experience

ARE YOU CURRENTLY EMPLOYED?*

Choices

Yes

No

DO YOU INTEND TO WORK WHILE IN SCHOOL?*

*Please answer this question honestly. All recipients of the McLaughlin Doty Foundation Scholarship are required to maintain **at least part-time employment** while receiving the scholarship.*

Choices

Yes

No

PREVIOUS OR RELEVANT WORK EXPERIENCE

Please list any other relevant work experience you may have had in the past, including internships.

Character Limit: 1000

Current Employment Information

CURRENT EMPLOYER*

Please list the company name and the name of your supervisor.

Character Limit: 250

CAREER PREPARATION/WORK-STUDY*

Is your employment part of a career preparation class or work-study program through your high school?

Choices

Yes

No

NUMBER OF HOURS WORKED*

Please indicate the number of hours you work at your current job, whether weekly, monthly, etc.

Character Limit: 250

INCOME*

Please list your income from your current job.

Character Limit: 20

Top Ten

Top Ten List*

Please include a list of 10 things about you that *aren't otherwise included in your application*.

For example: Tell us about your greatest experiences; people who have influenced you; how your family or community background has influenced you; your bucket list items; greatest lessons you've learned; goals you have accomplished; things you hope to achieve; dreams and aspirations; what or who inspires you; trials, tribulations, or hardships you have endured; quirks that make you who you are; greatest gift you have received; how you spend time outside of school; interesting hobbies; etc. These are merely examples. You may be creative and write about anything you think is important and would help us get to know you better as long as there are 10 separate, distinct items. ***Be specific and descriptive so we can get to know you!***

Please number your list and include a short paragraph (at least 3 sentences) for each item. Be sure to proofread your list and double-check for any grammatical or spelling errors. All responses should be your original work.

Character Limit: 10000

Attachments

Note: If you have multiple pages please combine them into one file before uploading below.

TRANSCRIPT*

Please attach the most recent copy of your high school transcript showing cumulative GPA and class rank (if applicable).

File Size Limit: 2 MB

COST OF ATTENDANCE*

Please submit a copy of the detailed cost of attendance for the school you plan to attend or your top-choice school. (This should show the cost breakdown by tuition and fees; books; room and board; and any other expenses.)

File Size Limit: 2 MB

FINANCIAL AID AWARD LETTER

If you have received a financial aid offer or award letter from your school, please upload that document here. If you have not received a financial aid offer letter yet, you may upload a copy of your FAFSA Submission Summary showing your Student Aid Index (SAI).

File Size Limit: 2 MB

Electronic Signature

PLEASE SIGN BELOW:*

I give my permission to contact school counselors, teachers, employers, and other references to discuss my academic and personal performance. I acknowledge that the information in this application is true and accurate and that all work is my own, original work.

Character Limit: 250

PARENT'S OR GUARDIAN'S SIGNATURE

Only required if the applicant is less than 18 years of age or incapacitated.

Character Limit: 250

DATE*

Character Limit: 10

Instructions

Please make sure to click **Submit** when your application is complete and all documents have been uploaded. Once you click Submit, you will not be able to add to or change any of your information, so please make sure you have *the most up-to-date information possible* before you submit your application. **No applications will be reviewed by the scholarship committee until after the March 2, 2026, deadline.**

Your references will still be able to submit their recommendation forms after you submit your completed application and attachments. Please be sure to check your account and follow-up with your references to make sure they submit their forms by the deadline. **Applications with incomplete references will not be reviewed.** If you do need to make changes or additions after you submit your application, please email stephanie@mclaughlindotyfoundation.org.

Reference 1

REFERENCE EMAIL ADDRESS*

Please submit the email address of a person you would like to serve as a reference and click **Compose Email**. You will then be prompted to compose an email asking that person to serve as a reference and fill out a recommendation form on your behalf. This person will also receive an automatic email from the Foundation with a link to fill out the recommendation form. The form is confidential and will not be visible to you.

*Please note that your reference should be a teacher, coach, advisor, employer, family friend, or other person **who is not a relative**.* Please choose carefully when selecting your references and choose someone who knows you well. We rely heavily on these recommendations when making our selections.

Below are generic instructions for you to copy and paste into your email if you would like to use them.

I am applying for a scholarship with the McLaughlin Doty Foundation, and I am writing to ask you to please fill out a recommendation form or upload a reference letter on my behalf. You will be receiving another email from the Foundation, which will include a link with instructions on filling out the form. All reference forms must be submitted no later than March 2, 2026. Please let me know if you do not receive the email from the Foundation, or if you have any questions. Thank you for serving as a reference for me.

Character Limit: 254

NAME*

Character Limit: 250

CONTACT INFORMATION*

Character Limit: 500