

## Application for Don Hastings Memorial Scholarship

This award in the amount of \$600.00 is made in memory of the late Don Hastings, one of the founders of the American Bladesmith Society, by the Order of the Mystic Brotherhood, a benevolent organization dedicated to the advancement and preservation of bladesmithing.

The scholarship will be administered by Texarkana College, and may be used to pay for the tuition and fees to the Handles & Guards or Damascus class at the Bill Moran ABS/TC School of Bladesmithing at Washington, Arkansas. The scholarship is designed to make it possible for an aspiring bladesmith who otherwise could not afford to attend this course to do so. Considerations in determining the recipient include income from all sources, motivation, and references.

This application should be completed and returned to the indicated address not later than March 15<sup>th</sup> of the year for which the scholarship is desired. The application must be completed in full and the recipient will be determined by the Scholarship Committee of Texarkana College, whose decision is final and cannot be appealed.

The scholarship committee of Texarkana College will award this scholarship no later than April 01 of each calendar year. Please note that incomplete applications will not be given consideration for a scholarship award and shall be returned to the applicant.

If you would like additional information, please contact Regina Fant via email at [rfant@texarkanacollege.edu](mailto:rfant@texarkanacollege.edu) or telephone (903) 838-4541 ext. 3237.

(Please type or print legibly in black ink)

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing address \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

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Did you file an income tax return this year? \_\_\_\_\_  
(Yes or No)

Did your parents carry you on their income tax return as a dependent? \_\_\_\_\_  
(Yes or No)

What was your earned income during the past 12 months? \_\_\_\_\_  
(\$ amount)

If your parent carried you as a dependent, what was their earned  
income during the past 12 months? \_\_\_\_\_  
(\$ amount)

How many dependents are claimed on your parents tax return? \_\_\_\_\_  
(Number; 0-9)

Did you have any type of non-taxable income during the past 12 months?  
\_\_\_\_\_

If Yes on the previous question, what type of non-taxable income was it, and how much  
did you receive?

\_\_\_\_\_  
\_\_\_\_\_

Do you have a high school diploma? \_\_\_\_\_  
(Yes or No)

If not, do you have a GED? \_\_\_\_\_ Have you attended college? \_\_\_\_\_  
(Yes or No) (Yes or No)

If so, where, when, and how many hours of study did you complete and what was  
your grade point average? \_\_\_\_\_

\_\_\_\_\_

**NOTE:** Please attach a copy of your high school transcript, GED, and college transcript, if applicable. Any application received without the required transcripts or certificates will fail to be given consideration for the Don Hastings Scholarship.

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Please indicate the Introduction to Bladesmithing class you would like to attend (class lasts two weeks):

Early Spring	Date: _____
Late Spring	Date: _____
Summer	Date: _____
Fall	Date: _____

Please refer to the schedule at the ABS homepage for the calendar dates:

**[www.americanbladesmith.com](http://www.americanbladesmith.com)**

Applicants should understand that in some cases it may be necessary for Texarkana College to request proof of income, both taxed and untaxed. If requested, refusal to submit such proof will disqualify an applicant from further consideration.

Please write, in 50 words or less, why you think you should be selected as a recipient for this scholarship.

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Please write, in 50 words or less, why you want to learn how to become a bladesmith. \_\_\_\_\_

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Attach a letter of recommendation from one of the following:

**NOTE:** The letter should be on official stationery

- ◆ An official at a high school or college/university
- ◆ The minister of a church
- ◆ A law enforcement official
- ◆ A member of the American Bladesmith Society

## Signature & Certification

I hereby certify that all of the information I have provided on this application is correct, to the best of my knowledge.

SIGNATURE		DATE	
FIRST NAME (print)		LAST NAME (print)	
Street or P. O. Box			
CITY ( )		STATE	ZIP CODE
TELEPHONE		EMAIL	

MAIL TO: Texarkana College  
Attn: Regina Fant  
Office of Continuing Education  
2500 N. Robison Road, Texarkana, Texas 75599