

# Glenn Halls Family Trust

*Family Ties through Education*

Earl Halls, Trustee

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Thank you for downloading this application package, please complete the forms and return them to me. You are able to complete the forms electronically with Adobe Acrobat Reader 5 or greater, if you prefer you can print them out and complete them by hand. If you complete them electronically, simply email them back to me at the address above. The process isn't complicated and shouldn't take too long to complete, if you have any questions or concerns about it please don't hesitate to contact me.

The application is in three parts, the application, pedigree chart, and an essay: First is the application form, which should be straightforward. I want to know how to get a hold of you for more than just a semester or two.

Second is the pedigree chart, this is how we figure out how you connect to Earl & Eliza Halls, Glenn's Parents. The chart is three pages long, the first two pages are a family group record and is all about you, and if applicable, your husband/wife and children. Simply enter your information in either the husband or the wife location (as appropriate) if you have any children complete those sections as well. The second builds the connection from you to Earl Halls & Eliza Winter-Halls. Remember to fill it out as completely as possible, even for the parent that does not connect you to the Halls line. Yes, this will require a little investigation and effort on your part; perhaps you may learn something about your heritage.

Lastly, I am looking for an essay. Your essay should be a **MINIMUM OF THREE FULL PAGES**, typed on 8.5 x 11 paper, 1-inch margins, 12-point type, and double-spaced. I am looking for a strong introductory paragraph, solid body, and a conclusion that sums up the essay. Choose any one topic from the list below:

1. Why is college important to you
2. Why is serving a mission important to you
3. An experience that changed your life
4. An experience with your grandparents that taught you a life lesson
5. Is family important? Support your conclusion with examples.
6. Interview a member of your family that is not part of your generation (i.e. not your siblings, or first cousins)
7. What you hope to accomplish with your education
8. What do you plan to do in life and why? You may give several well-documented thoughtful answers.
9. If you have another topic you would like to write on please contact me, we can work something out.

Include, in your application, a recent photograph, a cover letter telling me about your financial requirements and how you intend to cover your expenses.

Glenn was a thrifty man; I operate the trust in that same spirit. We have at our disposal an excellent national education system that includes community colleges, state schools, and economical private education. The trust will help fund your education based on your needs, your own effort, and your success. While we would like everyone to have an Ivy League education, the trust simply cannot afford that. By choosing economical institutions for your education, we can help with a larger percentage of your costs. The trust can assist you with tuition and other non-refundable expenses based on the criteria mentioned. I always consider special needs, if you have a reason for additional assistance please let me know. Glenn wanted to provide opportunities, not create roadblocks.

After reviewing your application, I will contact you to discuss the specifics of the program. In general, we will continue assistance each semester you are in school with a simple verification of your previous semesters grades.

I look forward to hearing from you and helping you on your way to a better life!

Yours truly,



Earl Halls, Trustee

Glenn & Delores Halls Family Trust

# Glenn E. Halls Family Trust Scholarship Application

## Applicant Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Permanent Email: \_\_\_\_\_

Current Address (if different): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

## Spouse Information, if married

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

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

## Family Information

Parents Name (if divorced list the parent through whom you are eligible for the scholarship): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

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

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

## Educational Information

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

Current Year in College: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

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

Website: \_\_\_\_\_

## Financial Information

Tuition Cost Per Unit: \$ \_\_\_\_\_

Tuition Cost Per Semester: \$ \_\_\_\_\_

How do you intend to cover your expenses while you are in college: \_\_\_\_\_

How much (if any) of your expenses are your parents willing to cover: \_\_\_\_\_

What other sources of financial aid are you going to receive (or have received): \_\_\_\_\_

## Educational Goals

What level of education are you planning to gain (Check One):

Technical,  AA,  BA,  MA,  PhD,  Other Explain: \_\_\_\_\_

I authorize the verification of the information provided on this form and understand that my genealogical information contained in these and other application forms may be shared with those in the family for genealogical research.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# Family Group Record

If typing, set spacing at 1 1/2. Page \_\_\_\_\_ of \_\_\_\_\_

Write date as: 4 Oct. 1896

Write place as: Tryon, Polk, North Carolina, USA or  
St. Martins, Birmingham, Warwick, Eng.

<b>Husband</b>		Given name(s)		Last name		<input type="checkbox"/> See "Other marriages"	
Born (day month year)	Place			LDS ordinance dates	Temple		
Christened	Place			Baptized			
Died	Place			Endowed			
Buried	Place			Sealed to parents			
Married	Place			Sealed to spouse			
Husband's father Given name(s)		Last name		<input type="checkbox"/> Deceased			
Husband's mother Given name(s)		Maiden name		<input type="checkbox"/> Deceased			
<b>Wife</b>		Given name(s)		Maiden name		<input type="checkbox"/> See "Other marriages"	
Born (day month year)	Place			LDS ordinance dates	Temple		
Christened	Place			Baptized			
Died	Place			Endowed			
Buried	Place			Sealed to parents			
Wife's father Given name(s)		Last name		<input type="checkbox"/> Deceased			
Wife's mother Given name(s)		Maiden name		<input type="checkbox"/> Deceased			
<b>Children</b> List each child (whether living or dead) in order of birth.				LDS ordinance dates	Temple		
<b>1</b>	Sex	Given name(s)		Last name		<input type="checkbox"/> See "Other marriages"	
	Born (day month year)	Place			Baptized		
	Christened	Place			Endowed		
	Died	Place			Sealed to parents		
	Spouse Given name(s)		Last name				
	Married	Place			Sealed to spouse		
<b>2</b>	Sex	Given name(s)		Last name		<input type="checkbox"/> See "Other marriages"	
	Born (day month year)	Place			Baptized		
	Christened	Place			Endowed		
	Died	Place			Sealed to parents		
	Spouse Given name(s)		Last name				
	Married	Place			Sealed to spouse		
<b>3</b>	Sex	Given name(s)		Last name		<input type="checkbox"/> See "Other marriages"	
	Born (day month year)	Place			Baptized		
	Christened	Place			Endowed		
	Died	Place			Sealed to parents		
	Spouse Given name(s)		Last name				
	Married	Place			Sealed to spouse		
Select <b>only one</b> of the following options. The option you select applies to all names on this form.				Your name			
<input type="checkbox"/> <b>Option 1—Family File</b> Send all names to my family file at the _____ Temple.				Address			
<input type="checkbox"/> <b>Option 2—Temple File</b> Send all names to any temple, and assign proxies for all approved ordinances.							
<input type="checkbox"/> <b>Option 3—Ancestral File™</b> Send all names to the computerized Ancestral File for research purposes only, not for ordinances. I am including the required pedigree chart.				Date prepared			
				Phone ( )			

<b>Husband</b> Given name(s)		Last name	
<b>Wife</b> Given name(s)		Maiden name	
<b>Children</b> List each child (whether living or dead) in order of birth.			LDS ordinance dates
			Temple
Sex	Given name(s)	Last name <input type="checkbox"/> See "Other marriages"	
	Born (day month year)	Place	Baptized
	Christened	Place	Endowed
	Died	Place	Sealed to parents
	Spouse Given name(s)	Last name	
	Married	Place	Sealed to spouse
Sex	Given name(s)	Last name <input type="checkbox"/> See "Other marriages"	
	Born (day month year)	Place	Baptized
	Christened	Place	Endowed
	Died	Place	Sealed to parents
	Spouse Given name(s)	Last name	
	Married	Place	Sealed to spouse
Sex	Given name(s)	Last name <input type="checkbox"/> See "Other marriages"	
	Born (day month year)	Place	Baptized
	Christened	Place	Endowed
	Died	Place	Sealed to parents
	Spouse Given name(s)	Last name	
	Married	Place	Sealed to spouse
Sex	Given name(s)	Last name <input type="checkbox"/> See "Other marriages"	
	Born (day month year)	Place	Baptized
	Christened	Place	Endowed
	Died	Place	Sealed to parents
	Spouse Given name(s)	Last name	
	Married	Place	Sealed to spouse
<b>Other marriages</b> List other marriages and sealings of the husband, wife, and children on this form. List any necessary explanations.			
<b>Sources of information</b> Add further information on attached sheets as necessary.			

**Note:** Please take every reasonable step to see that the information on this form is as accurate and complete as practical. This will help maintain the integrity of Church family history files and reduce duplication of temple ordinance work.

# Pedigree Chart

Chart no. \_\_\_\_\_

No. 1 on this chart is the same as no. \_\_\_\_\_ on chart no. \_\_\_\_\_.

Mark boxes when ordinances are completed.

- B Baptized
- E Endowed
- SP Sealed to parents
- SS Sealed to spouse
- F Family Group Record exists for this couple
- C Children's ordinances completed

**2**

(Father)  B  E  SP  SS  F  C

When born \_\_\_\_\_  
Where \_\_\_\_\_

When married \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

**4**

(Father of no. 2)  B  E  SP  SS  F  C

When born \_\_\_\_\_  
Where \_\_\_\_\_

When married \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

**5**

(Mother of no. 2)  B  E  SP  SS

When born \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

**8**

(Father of no. 4)  B  E  SP  SS  F  C

Cont. on chart no. \_\_\_\_\_

When born \_\_\_\_\_  
Where \_\_\_\_\_

When married \_\_\_\_\_  
When died \_\_\_\_\_  
Where \_\_\_\_\_

**9**

(Mother of no. 4)  B  E  SP  SS

Cont. on chart no. \_\_\_\_\_

When born \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

**10**

(Father of no. 5)  B  E  SP  SS  F  C

Cont. on chart no. \_\_\_\_\_

When born \_\_\_\_\_  
Where \_\_\_\_\_

When married \_\_\_\_\_  
When died \_\_\_\_\_  
Where \_\_\_\_\_

**11**

(Mother of no. 5)  B  E  SP  SS

Cont. on chart no. \_\_\_\_\_

When born \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

**1**

(Name)  B  E  SP  SS  F  C

When born \_\_\_\_\_  
Where \_\_\_\_\_

When married \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

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(Spouse)  B  E  SP  SS

**6**

(Father of no. 3)  B  E  SP  SS  F  C

When born \_\_\_\_\_  
Where \_\_\_\_\_

When married \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

**12**

(Father of no. 6)  B  E  SP  SS  F  C

Cont. on chart no. \_\_\_\_\_

When born \_\_\_\_\_  
Where \_\_\_\_\_

When married \_\_\_\_\_  
When died \_\_\_\_\_  
Where \_\_\_\_\_

**3**

(Mother)  B  E  SP  SS

When born \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

**13**

(Mother of no. 6)  B  E  SP  SS

Cont. on chart no. \_\_\_\_\_

When born \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

**7**

(Mother of no. 3)  B  E  SP  SS

When born \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

**14**

(Father of no. 7)  B  E  SP  SS  F  C

Cont. on chart no. \_\_\_\_\_

When born \_\_\_\_\_  
Where \_\_\_\_\_

When married \_\_\_\_\_  
When died \_\_\_\_\_  
Where \_\_\_\_\_

**15**

(Mother of no. 7)  B  E  SP  SS

Cont. on chart no. \_\_\_\_\_

When born \_\_\_\_\_  
Where \_\_\_\_\_

When died \_\_\_\_\_  
Where \_\_\_\_\_

Your name and address \_\_\_\_\_

Telephone number \_\_\_\_\_ Date prepared \_\_\_\_\_