

Houston County Electric Cooperative, Inc.
Dorothy Goodrum Scholarship Eligibility Requirements

- 1. The recipient must be a graduating high school senior whose parents/legal guardians maintain a permanent residence currently using the electrical lines of Houston County Electric Cooperative (“HCEC”).** Membership must be in the name of the parents/legal guardians. High school seniors and non-traditional students are allowed to apply. (Non-traditional students include those students attending private, parochial or homeschool.) Please enclose a copy of the member’s HCEC bill.

- 2. Scholarships are granted to attend an accredited Texas institute of higher education.** This includes an accredited College, University, Trade School, Community College, Junior College, or Business College offering an advanced degree.

- 3. Applicant must be of good character as evidenced by the two (2) reference-recommendation forms** (neither can be from a relative) provided on pages 8-9. At least one reference should be from a teacher, principal or counselor from the school they are currently attending. For non-traditional students, the reference forms can be from previous or current employers, supervisors, or ministers. **Letters of recommendation that are provided in this scholarship form (page 8-9) must be completed, signed and returned to the student in a sealed envelope.**

- 4. Applicant must furnish a certified copy of their school transcript.**

- 5. Scholarships will be awarded on the basis of funds available and the applicants’ eligibility.**

- 6. Applications must be postmarked no later than January 15, 2019.** Notification will be made by U.S. mail after March 1, 2019.

- 7. Please attach a 2x3 quality color photo** (no cell phone pictures please)- face down, name penciled on back and paper clipped to the first page.

Applicants are reminded to check their spelling, grammar, and composition. PLEASE do not staple application.

Scholarship Program Application Checklist

- _____ Complete application including all required signatures
(The application must be **signed by the student and by the parent or guardian** listed on the HCEC member account.)
- _____ Official transcript from the last school attended
- _____ Two (2) recommendation forms
- _____ Copy of member's HCEC bill
- _____ 2x3 Color Photo

The scholarship application will be disqualified if not completed in its entirety and returned or postmarked by **January 15, 2019**, to the following address.

Scholarship Committee
Houston County Electric Cooperative, Inc.
P.O. Box 52
Crockett, Texas 75835

Houston County Electric Cooperative, Inc.
Dorothy Goodrum Scholarship
Scholarship Application
2018-2019

Name: _____

High School: _____

Home Phone Number: _____ **Cell Phone Number** _____

Address: _____

City, State, Zip: _____

Email Address: _____

Father/Guardian Name: _____

Mother/Guardian Name: _____

HCEC Account # of Parents/Guardians: _____

Enclose a copy of the member's most recent HCEC bill.

I am aware that if I am awarded this scholarship, I must provide HCEC with proof of enrollment from an accredited post-secondary institution of which I will be considered a full-time student (at least 12 credit hours).

I agree to permit the review of this application and my school records by anyone representing HCEC and its appointed Scholarship Review Committee. I also agree to give permission to HCEC to use my photo in all forms of media for the purpose of announcing and promoting the Dorothy Goodrum Scholarship.

Signature of Applicant

Date

Signature of HCEC Member

Printed Name

Part I – School Related

Name of High School: _____

College or University Plans (First Choice): _____

(Second Choice): _____

Indicate intended major: _____

Have you applied for admission? _____ Accepted? _____ (Attached copy of Acceptance)

The following information is to be provided by a school official. **Failure to provide this information, including school certification, will disqualify this application.**

Cumulative GPA (9th through 12th grades) _____ on a scale of _____.

Class Standing: # _____ in a class of _____ students.

Number of college credits: _____

Signature of School Official Certifying: _____

Printed Name: _____

Part II – Family Information

Father/Guardian Occupation: _____

Employer: _____

Mother/Guardian Occupation: _____

Employer: _____

Number of dependent children in family (Including Applicant): _____

Ages of dependent children (Including Applicant): _____

Number of immediate family members currently in college: _____

Applicant's Work Experience:

Name of Employer: _____

Type of Work: _____

Length of Service: _____

Have you received any other scholarships? _____ If so, how much? _____

Part III – Extracurricular & Community Activities (attach additional sheets if necessary)

List any academic honors received in school:

Honor

Date Received

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List any school clubs, teams or other extracurricular activities:

Activity

Dates

Responsibilities

List any community clubs, activities or achievements: _____

List any other relevant information: _____

APPLICANT'S NAME: _____

“In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this recommendation by signing my name below. This recommendation will be held in confidence by the Administrators of HCEC Scholarship Program for use in scholarship selection only.”

Date

Applicant's Signature

I know the person listed above in the following manner _____

Instructions for Recommendation Form

1. **STUDENTS** must sign the recommendation letter (indicated above) **prior** to completion.
2. This recommendation form must be completed and placed in a **SEALED ENVELOPE** and **returned with the scholarship application**. Please sign and provide any additional personal comments and return the sealed envelope to the student.
3. **STUDENTS: Recommendations must be received in a SEALED ENVELOPE along with your completed application and official transcript.**

CHECK THE APPROPRIATE BOXES FOR THE APPLICANT.

	Below Average	Average	Above Average	Exceptional
Initiative/Motivation				
Intellectual Curiosity				
Written Communication				
Creativity				
Emotional Maturity				
Self Confidence				
Leadership/Influence				
Responsibility				
Integrity				
Concern for Others				
Respect by Peers				
Respect by Faculty				
Reaction to Setbacks				

PERSONAL COMMENTS:

Signature

Date

Printed Name

APPLICANT'S NAME: _____

“In accordance with the Family Educational Rights and Privacy Act of 1974, I waive my right to review this recommendation by signing my name below. This recommendation will be held in confidence by the Administrators of HCEC Scholarship Program for use in scholarship selection only.”

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Respect by Peers				
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Reaction to Setbacks				

PERSONAL COMMENTS:

Signature

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Printed Name