Hamilton County Electric Cooperative Association



Scholarship Application

Deadline – March 31, 2017

Hamilton County Electric Cooperative Association 2017 Scholarship Application

SCHOLARSHIP INFORMATION:

Hamilton County Electric Cooperative Association is accepting applications for twenty-four \$1,000 scholarships to be awarded to rural students whose parents reside full-time in the HCEC service areas and have an active account with HCEC.

The Cooperative's intent is to provide a long term, ongoing scholarship program that will assist applicants who meet the eligibility requirements listed below.

ELIGIBILITY REQUIREMENTS:

To be considered for a Hamilton County Electric Cooperative scholarship, an applicant must:

- ❖ You must be a high school Senior and a dependent of an active HCEC member.
- ❖ You must be a full-time resident in the home of a parent or legal guardian who is a full-time resident in HCEC's service area and maintains an active HCEC account.
- ❖ You must attend a high school in the HCEC service area and be a graduating senior in 2017.
- ❖ You must have applied for admission as a full-time student at a technical school, junior college or university.

RECIPIENT REQUIREMENTS:

- * Recipient must maintain at least a 2.50 cumulative grade point average on 4.00 scale and carry and complete a minimum of 12 hours to be considered a full-time student by the college registrar.
- * Recipient must provide a copy of their grades at the end of the fall semester to Hamilton County Electric Cooperative before monies will be released for subsequent semester.
- Scholarship funds not dispersed within 12 months of date of scholarship will be forfeited.

APPLICATION PROCEDURES:

APPLICATIONS MUST INCLUDE ALL OF THE FOLLOWING TO BE REVIEWED AND CONSIDERED:

- 1. A completed HCEC Scholarship Application.
- 2. Three (3) <u>original</u> letters of recommendation (i.e., teachers, civic leaders, clergy, excluding relatives).
- 3. List of community/additional activities.
- 4. Applicant's narrative (no more than one page).
- 5. Parent's or Guardian's current HCEC account number <u>must</u> be on the application.

*The Scholarship Committee reserves the right to require verification of all information provided by the applicant, if deemed necessary.

DEADLINE IS MARCH 31, 2017.

Winners will be notified in writing by May 5, 2017.

Winners are invited to attend the annual meeting held in August and be prepared to address the Membership of their plans for the future.

Return completed Scholarship Application to: Keela Payne

Hamilton County Electric Cooperative Association

P. O. Box 753

Hamilton, Texas 76531

OPERATIONAL PROCEDURES:

Hamilton County Electric will issue the first check for \$500 to the college's financial aid or business office for the first semester of college that the recipient attends. The recipient must provide proof of enrollment before funds will be issued.

The second \$500 payment for the semester will be made after notification is made in writing by the scholarship recipient. The notification must include the name and address, any reference information required by the school, a registration receipt from the college/university and a copy of the previous semester's grades.

ALL INFORMATION RECEIVED BY THE SCHOLARSHIP COMMITTEE IS STRICTLY CONFIDENTIAL.

Hamilton County Electric Cooperative Association 2017-2018 RURAL SCHOLARSHIP **APPLICATION**

		P	ERSONAL IN	FORMATIO	N		
LAST NAME:	:		FIRST NAME:		MIDDLE NAME:		
SOCIAL SECU	URITY NUMBER:			DATE OF BIRTH:			
HOME ADDR	RESS:		CITY:		STATE:	ZIP CODE	3:
MAILING AD	DDRESS:		Стту:		STATE:	ZIP CODE	<u>:</u>
HOME PHONE NUMBER:			ALTERNATE PHONE	ALTERNATE PHONE NUMBER:		STUDENT'S E-MAIL ADDRESS:	
FATHER'S NA	AME						
FATHER'S OCCUPATION:		NAME OF EMPLOYE	NAME OF EMPLOYER:		PHONE NUMBER:		
MOTHER'S N	NAME:						
MOTHER'S OCCUPATION:		NAME OF EMPLOYE	NAME OF EMPLOYER:		PHONE NUMBER:		
IS PARENT	(S)/GUARDIAN AN AC	CTIVE MEMBER R	 RESIDING FULL-TIME	IN HCEC'S TERR	 ITORY?□YES 「	□No	
PLEASE PR	OVIDE PARENT/GUAR order to be eligible):						this parent or
ACCOUNT#		Address		Стту	S	ТАТЕ	ZIP
	Cooperative Asso provide proof of full-time student. the college of my	ciation with a content of enrollment and This must be choice.	ip, I am aware the completed application of GPA from an a done in order for the this application be ship Committee.	on. After the finceredited college the final payment	irst semester of c ge where I will be at of the scholarshi	college I must e considered a ip to be paid to	
	Applicant's Signature				Date		
	Father's Signature				Date		
	Mother's Signature				Date		

ACTIVITIES

ORGANIZATION POSITION HELD YEAR DESCRIPTION OF ACTIVITIES	
LIST COMMUNITY SERVICE/CHURCH ACTIVITIES	
SERVICE/VOLUNTEER WORK YOUR SPECIFIC ROLE FROM TO	
ADDITIONAL ACTIVITIES/RECOGNITION YEARS PARTICIPATED	
ADDITIONAL ACTIVITIES/RECOGNITION $YEARS PARTICIPATED$ ADDITIONAL ACTIVITIES/RECOGNITION P^{TH} P	тн

EMPLOYMENT

EMPLOYMENT/INTERNSHIPS/SUMMER ACTIVITIES				
EMPLOYER	Position	DUTIES	EMPLOYMENT DATE	HRS PER WK

HAVE YOU RECEIVED OTHER SCHOLARSHIPS? YES NO				
IF YES, PLEASE INCLUDE THOSE				
AMOUNTS	\$	\$	\$	
COLLEGES/UNIVERSITIES APPLIED				
(IF YOU HAVE ALREADY BEEN ACCEPTED, LIST ONLY THAT PARTICULAR INSTITUTION AND ATTACH A COPY OF LETTER OF ACCEPTANCE,)				
·				
WHAT IS YOUR MAJOR AREA OF STUDY?				

APPLICANT'S NARRATIVE

EXPLAIN WHY YOU MERIT THIS SCHOLARSHIP AND WHAT YOU INTEND TO DO WITH YOUR CONTINUED EDUCATION. (BE AS BRIEF AS POSSIBLE WITH NARRATIVE INSERTED IN THIS SPACE. INCLUDE ANY ADDITIONAL INFORMATION YOU FEEL WILL BE HELPFUL TO THE SCHOLARSHIP COMMITTEE.)