



*"Owned By Those We Serve"*

# **Hamilton County Electric Cooperative Association**



## **Scholarship Application**

**Deadline – March 29,  
2019**

# **Hamilton County Electric Cooperative Association 2019 Scholarship Application**

## **SCHOLARSHIP INFORMATION:**

Hamilton County Electric Cooperative Association is accepting applications for \$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 2019.
- ❖ **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) signed 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 **must** 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 29, 2019.**

Winners will be notified in writing by **May 3, 2019.**

*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

## 2019-2020 RURAL SCHOLARSHIP APPLICATION

### PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
SOCIAL SECURITY NUMBER:			DATE OF BIRTH:		
HOME ADDRESS:		CITY:		STATE:	ZIP CODE:
MAILING ADDRESS:		CITY:		STATE:	ZIP CODE:
HOME PHONE NUMBER:		ALTERNATE PHONE NUMBER:		STUDENT'S E-MAIL ADDRESS:	
FATHER'S NAME					
FATHER'S OCCUPATION:		NAME OF EMPLOYER:		PHONE NUMBER:	
MOTHER'S NAME:					
MOTHER'S OCCUPATION:		NAME OF EMPLOYER:		PHONE NUMBER:	
IS PARENT(S)/GUARDIAN AN ACTIVE MEMBER RESIDING FULL-TIME IN HCEC'S TERRITORY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
PLEASE PROVIDE PARENT/GUARDIAN'S ACCOUNT # AND THE ADDRESS OF THE ACCOUNT LOCATION (Applicant MUST live with this parent or guardian in order to be eligible):					
ACCOUNT #	ADDRESS	CITY	STATE	ZIP	

In applying for this scholarship, I am aware that I must provide Hamilton County Electric Cooperative Association with a completed application. After the first semester of college I must provide proof of enrollment and GPA from an accredited college where I will be considered a full-time student. This must be done in order for the final payment of the scholarship to be paid to the college of my choice.

I agree to permit the review of this application by members of the Hamilton County Electric Cooperative Association Scholarship Committee.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date



## EMPLOYMENT

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

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

