

**Houston County Electric Cooperative, Inc.
Dorothy Goodrum Scholarship**

**Scholarship Application
2011-2012**

Name: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____

Father/Guardian Name: _____

Mother/Guardian Name: _____

Houston County Electric Cooperative Account # of Parents/Guardians:

Scholarship application will be disqualified if not completed in its entirety.

Scholarship Program Application Checklist

Application is NOT complete without each of the following and will be disqualified if not included:

_____ Application completed and returned including all required signatures. - **It is essential that page 5 is signed by the applicant (student) and by the parent or guardian whose name the Houston County Electric Cooperative, Inc., account is in.**

_____ Official transcript from last school attended

_____ Two (2) letters of recommendation

Please attach a 2X3 color photo- face down paper clipped to the first page. This application is to be returned to the cooperative by no later than February 3, 2012. Application packages are to be addressed to:

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

2012 Scholarship Program Eligibility Requirements

- 1. The recipient must be a graduating high school senior whose parents/legal guardians maintain permanent residence on the lines of Houston County Electric Cooperative, Inc.** An active member is defined as someone who is receiving electric service from Houston County Electric Cooperative, Inc. with the membership 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 home school.)
- 2. Scholarships to be granted to attend an accredited Texas institute of higher education.** This includes a 4-Year College or University, Trade School (offering associate degree), Community College or Junior College, and Business College (offering associate degree).
- 3. Applicant must be of good character as evidenced by at least two (2) letters of reference** (neither can be from a relative). One reference shall be from a teacher, principal, counselor, etc., from the school they are currently attending. The other reference may be from someone other than a relative or from a teacher, principal, counselor, etc. For non-traditional students, the letters of reference can be from previous employers, supervisors, ministers, etc.
- 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 received no later than February 3, 2012.** Notification will be made by US mail after March 10th, 2012.

**The cooperative's board of directors would appreciate correspondence from each recipient reflecting their experiences and progressions at the end of the first semester.
Correspondence should be mailed to :**

**Houston County Board of Directors
Scholarship Awards
P.O. Box 52
Crockett, TX75835**

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 to be provided by 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.

Signature of School Official Certifying: _____

Typed 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: _____

List any school-related clubs, activities and achievements:

Activity	Dates	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am aware that if I am awarded this scholarship, I must provide Houston County Electric Cooperative 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 Houston County Electric Cooperative and its appointed Scholarship Review Committee.

Signature of Applicant

Date

Signature of Houston County Electric Cooperative Member:

(Houston County Electric Cooperative accountholder's name)

Date: _____

Please attach your official school transcript with your counselor’s name, signature and date and two (2) Letters of Recommendation.

** If application was downloaded from website, please use any #10 envelope and include applicant’s name on the front.*

**Houston Electric Cooperative, Inc.
Letter of Recommendation**

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 Houston County Electric Cooperative, Inc. 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 recommendation letter where indicated **prior** to completion.
2. The letter of recommendation must be completed on the attached form and placed in a **SEALED ENVELOPE**. Please sign page two, and provide any additional comments on page two. Please return this sealed envelope to the student.
3. **STUDENTS: Recommendations must be received SEALED along with your completed application and official transcript.**

PLEASE CHECK THE APPROPRIATE BOXES FOR THE APPLICANT.

	Below Average	Average	Above Average	Exceptional
Initiative/Motivation				
Intellectual Curiosity				
Oral Communication				
Creativity				
Energy				
Self Confidence				
Leadership/Influence				
Responsibility				
Integrity				
Concern for Others				
Warmth of Personality				
Sense of Humor				
Emotional Maturity				
Reaction to Setbacks				
Respect by Faculty				
Respect by Peers				

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