

**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 9-10.** 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. **Recommendation forms that are provided in this scholarship form (pages 9-10) 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 February 9<sup>th</sup>, 2024.**
  
7. **Notification will be made by U.S. mail after March 22<sup>nd</sup>, 2024.**
  
8. **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 (name penciled on back- DO NOT STAPLE- paperclip to first page of application facedown)

**The scholarship application will be disqualified if not completed in its entirety and returned or postmarked by February 9<sup>th</sup>, 2024 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**

**2023-20244**

**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 (9<sup>th</sup> through 12<sup>th</sup> 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**

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**List any community clubs, activities or achievements: \_\_\_\_\_**

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**List any other relevant information: \_\_\_\_\_**

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## Recommendation Form

**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 form (indicated above) **prior** to completion.
2. This recommendation form along with any personal comments must be completed, signed by person completing the recommendation form and placed in a **SEALED ENVELOPE**.
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
<b>Initiative/Motivation</b>				
<b>Intellectual Curiosity</b>				
<b>Written Communication</b>				
<b>Creativity</b>				
<b>Emotional Maturity</b>				
<b>Self Confidence</b>				
<b>Leadership/Influence</b>				
<b>Responsibility</b>				
<b>Integrity</b>				
<b>Concern for Others</b>				
<b>Respect by Peers</b>				
<b>Respect by Faculty</b>				
<b>Reaction to Setbacks</b>				

PERSONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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\_\_\_\_\_

**Date**

\_\_\_\_\_

**Applicant's Signature**

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<b>Respect by Faculty</b>				
<b>Reaction to Setbacks</b>				

PERSONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name