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. Recommendation forms that are provided in this scholarship form (pages 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 31st, 2025.

7. Notification will be made by U.S. mail after March 14th, 2025.

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

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

____ 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 January 31st, 2025 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** 2024-2025 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 th through 12 th 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 (Includ | ling Applicant): | |
|--|--|--|
| Ages of dependent children (Including Applican | nt): | |
| Number of immediate family members currently | y 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? | |
| | | |
| | tivities (attach additional sheets if necessary) | |
| Part III – Extracurricular & Community Ac List any academic honors received in school: Honor | | |
| List any academic honors received in school: | Date Received | |
| List any academic honors received in school: Honor | Date Received | |
| List any academic honors received in school: Honor | Date Received | |
| List any academic honors received in school: Honor | Date Received | |
| List any academic honors received in school: Honor | Date Received | |
| List any academic honors received in school: Honor | Date Received | |
| List any academic honors received in school: Honor | Date Received | |
| 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 communit | ty clubs, activities or achieven | ents: | |
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| List any other rele | vant information: | | |
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Using approximately 100 words, answer the following:

"My Future Life Plans" (can be <u>legibly</u> handwritten or typed):

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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. <u>STUDENTS</u> 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. <u>STUDENTS</u>: 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."

Date

Applicant's Signature

I know the person listed above in the following manner _____

Instructions for Recommendation Form

- 4. <u>STUDENTS</u> must sign the recommendation form (indicated above) **prior** to completion.
- 5. This recommendation form along with any personal comments must be completed, signed by person completing the recommendation form and placed in a **SEALED ENVELOPE**.
- 6. <u>STUDENTS</u>: Recommendations must be received in a SEALED ENVELOPE along with your completed application and official transcript.

PLEASE CHECK THE APPROPRIATE BOXES FOR THE APPLICANT.

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| Responsibility | | | | |
| Integrity | | | | |
| Concern for Others | | | | |
| Respect by Peers | | | | |
| Respect by Faculty | | | | |
| Reaction to Setbacks | | | | |

PERSONAL COMMENTS:

Signature

Date

Printed Name