## 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 30th, 2026.
- 7. Notification will be made by U.S. mail after March 13th, 2026.
- 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. If you wish to email the picture, please send to heec@houstoncountyelec.com with "Scholarship Application Picture" in the subject line.

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 face down, or email to heec@houstoncountyelec.com with "Scholarship Application Picture"
in the subject line.)
The scholarship application will be disqualified if not completed in its entirety and returned or
postmarked by January 30th, 2026 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**

## 2025-2026

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 HC	
	must provide HCEC with proof of enrollment from an vill be considered a full-time student (at least 12 credit
	I my school records by anyone representing HCEC and o agree to give permission to HCEC to use my photo in nd 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 (F	irst Choice):	
(Second Choice):		
Indicate intended major:		
Have you applied for admissio	n? Accepted?	(Attached copy of Acceptance)
The following information is to information, including school	•	official. Failure to provide this alify this application.
Cumulative GPA (9th through 1	12 <sup>th</sup> grades)	on a scale of
Class Standing: #	in a class of	students.
Number of college credits:		
Signature of School Official C	ertifying:	
Printed Name:		
Part II – Family Information	ı	
Father/Guardian Occupation: _		
Employer:		
Mother/Guardian Occupation:		
Employer		

Number of dependent children in family (inc	luding Applicant):
Ages of dependent children (Including Appli	cant):
Number of immediate family members curre	ntly 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?
	Activities (attach additional sheets if necessary)
List any academic honors received in scho	ol:
Honor	Date Received

List any school club	s, teams or other extracurri	cular activities:	
Activity	Dates	Responsibilities	
List any communit	y alubs, activities or achieve	ments:	
List any community	y clubs, activities of achiever	nents.	
List any other relev	vant information:		

Using approximately 100 words, answer the following:			
"What is your motivation or purpose that drives your education and career goals?" (can be <u>legible</u>			
handwritten or typed):			
	_		
	_		
	_		

## **Recommendation Form**

APPLICANT'S NAME: _				
"In accordance with the Fan this recommendation by sign Administrators of HCEC Sc	ning my name belov	v. This recomm	endation will be held in	
Date	Applicant's Signature			
I know the person listed abo	ove in the following	manner		
2. This recommendation person completing to	sign the recommend on form along with a the recommendation mmendations must tion and official tra	any personal conform and place be received in a anscript.	d in a SEALED ENVE SEALED ENVELOPI	ted, signed by LOPE.
	Below Average	Average	Above Average	Exceptional
Initiative/Motivation	Delow Hverage	Tiverage	Tibove Tiverage	Exceptional
Intellectual Curiosity				
Written Communication				+
Creativity				
<b>Emotional Maturity</b>				
Self Confidence				
Leadership/Influence				
Responsibility				
Integrity				
<b>Concern for Others</b>				
Respect by Peers				
Respect by Faculty				
Reaction to Setbacks				
PERSONAL COMMENT	ΓS:			
Signature	Date	Printe	ed Name	

#### **Recommendation Form**

APPLICANT'S NAME: _				
"In accordance with the Fam this recommendation by sign Administrators of HCEC Sch	ning my name below	. This recomm	endation will be held in	• •
Date	Applicant's Signature			
I know the person listed abo	ve in the following r	manner		
	ign the recommendation form along with a he recommendation mmendations must be ion and official trans	iny personal co form and place be received in a nscript.	mments must be compled in a SEALED ENVELOP	eted, signed by ELOPE.
	Below Average	Average	Above Average	Exceptional
Initiative/Motivation	8	8	8	1
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	Printe	ed Name	