

**NAVARRO COUNTY ELECTRIC COOPERATIVE, INC.
PO BOX 616
CORSICANA, TX 75151-0616**

PAGE 1 SCHOLARSHIP APPLICATION FORM

NAME _____

SOCIAL SECURITY# _____ **TELEPHONE#** _____

ADDRESS _____ **CITY** _____

STATE _____ **ZIPCODE** _____

FATHER/HUSBAND NAME _____
OCCUPATION _____

MOTHER/WIFE NAME _____
OCCUPATION _____

GIVE NAME(S) AND ADDRESS UNDER WHICH ACCOUNT IS BILLED FROM NAVARRO COUNTY ELECTRIC COOPERATIVE _____

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND OR ARE ATTENDING?

LIST ACADEMIC HONORS RECEIVED IN HIGH SCHOOL OR COLLEGE _____

SCHOOL RELATED CLUBS,ACTIVITIES,ACHIEVEMENTS _____

COMMUNITY CLUBS,ACTIVITIES,ACHIEVEMENTS _____

WORK EXPERIENCE:

NAME OF EMPLOYER	TYPE OF WORK	LENGTH OF WORK

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IN APPLYING FOR THIS SCHOLARSHIP, I AM AWARE THAT I MUST MAINTAIN MY GRADES (AT LEAST 2.5 ON A 4.00 SCALE), BE CONSIDERED A FULL TIME STUDENT, AND DEMONSTRATE ACCEPTABLE STANDARDS OF CITIZENSHIP AND CHARACTER.

SIGNED _____ DATE _____

TO BE COMPLETE, THIS APPLICATION MUST INCLUDE AN OFFICIAL TRANSCRIPT FROM THE SCHOOL THE APPLICANT HAS MOST RECENTLY ATTENDED, A COPY OF SAT/ACT SCORES (IF AVAILABLE), AND THREE LETTERS OF RECOMMENDATION.

WE AGREE TO PERMIT THE REVIEW OF THIS APPLICATION AND MY SCHOOL RECORDS BY ANYONE REPRESENTING NAVARRO COUNTY ELECTRIC COOPERATIVE, INC.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT OR GUARDIAN