

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

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

Revised 12/06