

# **Cooke County Electric Cooperative Adult Scholarship Application**

Three adult scholarships are available in the amount of \$1,000 each. This will be subject to confirmation that the requirement of enrollment has been met.

## **Eligibility:**

1. Three adult scholarships will be made available to an active member or spouse living full time in a residence (residential metering only) receiving service from Cooke County Electric Cooperative Association for at least one year. If your name does not appear on the account, name and address verification must be provided to CCEC before consideration.
2. Applicants must have been accepted at a post-secondary program or accredited training program.
3. Applicants must provide at least three (3) letters of recommendations from employers, supervisors, ministers, etc.
4. Scholarships will be awarded on the basis of funds available and the applicants' eligibility.
5. Applications must be received no later than Friday, March 05, 2010. Awards will be announced within ten (10) days of this date.

**Send Applications to:** Cooke County Electric Cooperative  
Attn: Kathy Boone  
Scholarship Fund  
P. O. Box 530  
Muenster, Texas 76252-0530

**Adult Scholarship Application Form**  
**Cooke County Electric Cooperative Association, Inc.**  
**P. O. Box 530**  
**Muenster, Texas 76252-0530**

*Please print all information. If you need more space to answer the questions, attach the sheets to this form.*

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you an active member of Cooke County Electric Cooperative? \_\_\_\_\_

If yes, give name(s), address and residential account # on billing \_\_\_\_\_

\_\_\_\_\_ Account # \_\_\_\_\_

Are you currently employed? (circle one)                      YES                      NO

Occupation \_\_\_\_\_

Current employer: \_\_\_\_\_ City/State \_\_\_\_\_

Type of work: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Estimated Family Income \_\_\_\_\_

Number of dependent children in family \_\_\_\_\_

How many other family members are currently in college? \_\_\_\_\_

Name of high school: \_\_\_\_\_ City/State \_\_\_\_\_

Graduation Year: \_\_\_\_\_ or Year GED earned \_\_\_\_\_ from (state) \_\_\_\_\_

Degrees/certification earned since high school:

Degree/certification

School or institution

Date earned

\_\_\_\_\_  
\_\_\_\_\_

Which college, university or vocational school do you attend, or have been accepted to?

\_\_\_\_\_

Estimate college or training expenses for one (1) year \$ \_\_\_\_\_

Have you received any other scholarships? \_\_\_\_\_ If so, for how much? \$ \_\_\_\_\_

Do you plan to attend (circle one)                      full time                      part time

Do/will you attend your classes \_\_\_\_\_ in person, \_\_\_\_\_ online, \_\_\_\_\_ combination of both?

Major Field of Study in College \_\_\_\_\_

Is the program accredited? Circle on YES NO

By what accrediting body? \_\_\_\_\_

Please print all information. If you need more space to answer the questions, attach the sheets to this form.

When did/will you begin the program? month: \_\_\_\_\_ year: \_\_\_\_\_

When will you complete the program? month: \_\_\_\_\_ year: \_\_\_\_\_

Is any of this cost reimbursed by your employer? Circle one YES NO

If yes, explain: \_\_\_\_\_

How far are you into your program?

\_\_\_\_\_ I have just been accepted

I have completed \_\_\_\_\_ credits out of a total of \_\_\_\_\_ credits  
needed for graduation or completion of the program.

What degree/certification/licensure will you gain from this program?

\_\_\_\_\_

Community clubs, activities, and achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies or recreational activities: \_\_\_\_\_

\_\_\_\_\_

Complete questions 1 and 2 in separate essays of 50-250 words each, type preferred, and attach to this application.

1. What do you plan to do upon completing this program?
2. Why do you deserve a Cooke County Electric Cooperative Adult Scholarship?

*Signing this application gives cooperative staff permission to view your account information and history to verify your membership of at least one year and confirms the veracity, to the best of your knowledge, of the information provided in your application.*

X \_\_\_\_\_

Applicant's signature

Date

*Again, if your name does not appear on your electric bill, proof of name & address verification will need to be presented to CCEC before the application will be considered.*