

# TENNESSEE UTILITY EDUCATION CORPORATION SCHOLARSHIP APPLICATION

**IMPORTANT:** All questions MUST be completed. If an answer is not applicable, the term “N/A” must be used. If you attach additional information, please reference the specific attachment in the appropriate section and include a summary of the information in that section of the application.

Failure to satisfy any of the following will disqualify your application: Leaving a question blank, not attaching the required transcript or not attaching two letters of reference. Your responses should be typed.

- Applications must be postmarked no later than April 1. Applications postmarked after April 1, may not be reviewed.
- Upon completing this form:
  - If the buttons on the digital form do not work:
    - Print;
    - Sign and date form;
    - Mail form to: Tennessee Association of Utility Districts  
P.O. Box 2529  
Murfreesboro, TN 37133-2529.

## Student Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

## Eligible Member Information

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Telephone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**High School Information**

**School Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Graduation Date** \_\_\_\_\_ **Grade Point Average** \_\_\_\_\_

(High School transcript must be submitted with application.)

**Class Rank** \_\_\_\_\_ **Number of Students in Class** \_\_\_\_\_

**Highest ACT Composite** \_\_\_\_\_

**College/University Information (Specify your first choice only)**

**Status:** Incoming Freshman  Coursework previously completed

**College/University Name** \_\_\_\_\_

**State** \_\_\_\_\_

**Major** \_\_\_\_\_

(If College/University coursework has been completed, a transcript must be submitted with application)

**Applicant Resume**

You may attach a separate page if necessary.

**Activities:** List activities in which you have participated during your academic career.

Activity Description	Years	Highest Position Held

**Community Service:** List agencies or organizations in which you have participated WITHOUT PAY during your academic career.

Agency/Organization	Total Hours	Start Date	End Date	Still Active?

**Honors and Awards:** List any honors or awards you received during your academic career.

Description	Level	Years Achieved

**Work Experience:** List your work experience from up to the last three jobs you have held.

Employer	Position	To – From Dates	Hours (average per week)

**Financial Information**

**Please indicate the income range of your gross family income:**

- Under \$30,000       \$60,000 - \$89,999       \$120,000 - \$159,999  
 \$30,000 - \$59,999       \$90,000 - \$119,999       Over \$160,000

**If you are receiving other financial aid, please itemize by name and amount or mark "None":**

Name \_\_\_\_\_ Amount \_\_\_\_\_

Name \_\_\_\_\_ Amount \_\_\_\_\_

None

**Are there any family circumstances that influence your need for financial assistance, please describe:**

**Letters of Reference – Student**

**Two Letters of Reference must be provided for award consideration.** (1 letter should be from teacher or school counselor and the 2nd letter should be from a non-school setting, such as clergyman, employer, etc., but not family or friends)

**Letter of Reference – Employee**

**A Letter of Reference for the member employee should be provided for award consideration.**

**On a separate page in 250 words or less, write a brief essay on your goals as they relate to your education, career and future plans. (Must be typed)**

**Certification**

**In submitting this application, we certify that the information provided is complete and accurate to the best of our knowledge. False information will result in the revocation of any scholarship granted.**

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature X

\_\_\_\_\_ Date \_\_\_\_\_  
Employee Member's Signature X  
(Must be the signature of the Member employee)

**If the buttons in the application do not work, you can email the completed form with attachments to CarolMims@taud.org.**