**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. If you leave any question blank, your application may be disqualified. Your responses may be typed or neatly written. Upon completing this form:**

1. **Print form;**
2. **Sign and date form;**
3. **Mail form to:**

**Tennessee Association of Utility Districts**

 **P.O. Box 2529**

 **Murfreesboro, TN 37133-2529.**

**Applications must be postmarked no later than April 1. Applications postmarked after April 1, will not be reviewed.**

**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 \_\_\_ $50,000 – $69,999 \_\_\_ $90,000 - $109,999**

**\_\_\_ $30,000 - $49,999 \_\_\_ $70,000 - $89,999 Over $110,000**

**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 must 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.**

**Applicant’s Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Must be the signature of the Member employee)

**Employee’s Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(If employee)

**Print this completed form, sign, and mail along with all documentation.**

**to:**

**Attention: Tennessee Association of Utility Districts**

**P. O. Box 2529**

**Murfreesboro, TN 37133-2529**