

# Tideland Electric Care Trust \$1,000\* College Scholarship Application

## Scholarship Criteria

Scholastic Achievement 50%, Financial Need 25% and Extra-Curricular Activities (School, Civic, Community, Work) 25%. Applicants must reside in a home that receives electric service from Tideland EMC. In addition, winner must have been accepted by an accredited community college, four year college, or university.

## I have included with this application Package

- \_\_\_ 1. A recent school photograph; *(the photo is for publication in Carolina Country magazine in the event that you should be named a scholarship winner; photos will be returned to non-winners; please do not send low resolution scanned photos)*
- \_\_\_ 2. A letter stating my reason for applying for the scholarship and my plans for the future;
- \_\_\_ 3. A letter of recommendation from my high school principal or guidance counselor;
- \_\_\_ 4. A complete transcript of my high school courses and grades; and
- \_\_\_ 5. Results of my SAT or ACT Scores (if applicable)

I have included all items requested and answered all questions. I understand that incomplete applications will not be considered, and that all financial and family information in this application will be held in the strictest confidence by the judges. I also hereby attest to the fact that I am the LEGAL DEPENDENT of a Tideland EMC member and will graduate from a high school located in one of the six counties served by Tideland EMC.

Tideland EMC Account Number: \_\_\_\_\_

If this is a commercial account please state the business relationship of your parent or legal guardian to the company. For Example: Sole owner or president.

Business relationship: \_\_\_\_\_

\*The co-op will reserve 2 of the 8 college scholarships for students attending a community college. Community college scholarships will be made payable as follows: \$500 for the first academic year and \$500 for the second academic year with proof of continued enrollment.

\_\_\_\_\_  
Signature

Please return to Tideland EMC no later than March 10, 2017 by mail:  
Tideland Scholarship, Attention: Heidi Smith, PO Box 159, Pantego, NC 27860

Questions? Call Heidi Smith at 1-800-637-1079 or 252-944-2410

|  |  |            |
|--|--|------------|
| Name   |  |            |
| Phone  |  |            |
| Address  |  |            |
| Date of Birth  |  |            |
| Social Security #  |  |            |
| High School Name & Phone #   |  |            |
| Mother's Name (or legal guardian)  |  | Occupation |
| Father's Name (or legal guardian)  |  | Occupation |
| Other household members<br>(list relationship, age, occupation, and any income they contribute to the household; DO NOT include yourself on this list) | 1) Relationship: _____ Age: _____<br>Grade level or occupation: _____<br>Financial contribution to household: _____<br>2) Relationship: _____ Age: _____<br>Grade level or occupation: _____<br>Financial contribution to household: _____<br>3) Relationship: _____ Age: _____<br>Grade level or occupation: _____<br>Financial contribution to household: _____<br>4) Relationship: _____ Age: _____<br>Grade level or occupation: _____<br>Financial contribution to household: _____ |            |

|  |                         |
|--|-------------------------|
| Name of college you will most likely attend: |                         |
| Financial Aid Office Address:                |                         |
| Intended Major:                              |                         |
| Intended Minor:                              |                         |
| High School Class Rank:                      | _____ of _____ students |
| High School GPA (weighted):                  |                         |
| Total SAT score if applicable:               |                         |
| Total ACT score if applicable:               |                         |

Financial Data:

**1st year cost** of attending the college of my choice:

Tuition \$ \_\_\_\_\_

Room \$ \_\_\_\_\_

Board \$ \_\_\_\_\_

Misc. \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**Scholarships/financial aid received:**

Name of Organization:

Amount: \$

Name of Organization:

Amount: \$

Name of Organization:

Amount: \$

Name of Organization:

Amount: \$

**TOTAL \$ \_\_\_\_\_**

**Family Income:**

Parent(s)/guardian(s) adjusted gross income from most current Federal Income Tax Form

\$ \_\_\_\_\_

Annual income or payments from social security, child support, estate, etc.)

\$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

|   |   |
|---|---|
| READ INSTRUCTIONS CAREFULLY:              | When filling out the following section, please DELETE information that suggests anything about your identity such as where you live, the school you attend or where you work.<br><b><i>Incorrect:</i></b> president, Raleigh High School Debate Team<br><b><i>Correct:</i></b> president, high school debate team |
| Awards & Honors Received:                 |   |
| Club/Sports Participation & Offices Held: |   |
| Community & Civic Activities:             |   |
| Hobbies & Interests:                      |   |
| Employment Experience:                    |   |