

LAMB COUNTY ELECTRIC COOPERATIVE, INC.



2024 \$1,500 SCHOLARSHIP APPLICATION

(Print or Type Information)

1. Applicant's Name: _____

2. Mailing Address: _____

3. Home Phone No: _____ Cell Phone No: _____

4. Email: _____

5. Date of Birth: _____ Male Female

6. Parent or Legal Guardian Names: _____

7. Name of Corporation (*if applicable*): _____

8. Mailing Address: _____

9. LCEC account/member number: _____

10. High School currently attending: _____

11. How long have you been a student at this high school? _____

12. List current and past activities and affiliations, indicating any offices held, leadership roles and awards received: (*Use additional sheets if needed*)

13. List any current and past jobs you have held. Give a brief job description.
(Use additional sheets if needed)

14. What Texas College or University do you plan to attend?

15. College entrance score (if available): _____

16. Will you be a full-time student (12 hrs.)? Yes or No

17. Write an essay describing the following about you:
(Use additional sheets if needed)

- Your chosen field of study.
- Why did you choose this field of study?
- Your educational, professional, and personal goals.
- Where do you see yourself in 5 to 10 years?
- In your own words, why you should be awarded the LCEC scholarship?

Your complete application packet must include the following:

- Complete and signed application.
- Signed Photo Release form.
- Two letters of reference: from a teacher and/or a high school counselor.
- Essay
- Copy: high school transcript.
- If home school program: proper documentation.

**APPLICATION PACKET MUST BE RECEIVED AT LCEC BY
5:00 P.M. ON THURSDAY, APRIL 11, 2024.**

Signatures below indicate that all the information on this application, to be true and correct to the best of our knowledge.

Student Signature

Date

Parent/Legal Guardian Signature

Date



LAMB COUNTY ELECTRIC COOPERATIVE
2024 Scholarship

PHOTOGRAPH RELEASE FORM

I, hereby authorize Lamb County Electric Cooperative, Inc., hereafter referred to as, "the Cooperative," to publish photographs taken of me, for use in the Cooperative's print, online and video-based marketing materials, as well as other Cooperative publications or social media platforms.

I hereby release and hold harmless the Cooperative from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I, further acknowledge, that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Cooperative marketing materials or other Cooperative publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the Cooperative, its contractors, its employees, and any third parties involved in the creation or publication of marketing or online materials, from liability for any claims by me or any third party in connection with my participation.

Signature of Scholarship Applicant

Date

Printed Name of Scholarship Applicant

Age of Minor

Parent or Legal Guardian's Consent, if Minor under the age of eighteen (18)

By my signature as the parent or legal guardian, on behalf of my minor child, indicated above, I give full and unqualified consent to the terms of this release.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian