

**FORM A**

**To be completed by the applicant.**

Attachments required: Essay (1 typed double-spaced page)

**MTE Customers Care Scholarship Program Application**

All materials, including this form, must be submitted by the published deadline, with the exception of Form D. Type or print all information in black ink.

**PART 1 – PERSONAL INFORMATION**

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ MTEMC ACCOUNT NO. \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENTS/GUARDIANS (PLEASE CIRCLE):

MR/MRS/MS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MR/MRS/MS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MR/MRS/MS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

IF YOU HAVE BEEN AWARDED A SCHOLARSHIP(S) OR APPLIED FOR ANY OTHER TYPE OF FINANCIAL AID OR SCHOLARSHIP(S), PLEASE EXPLAIN:

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

ANTICIPATED DATE/YEAR OF HIGH SCHOOL/COLLEGE GRADUATION: \_\_\_\_\_

HIGH SCHOOL/COLLEGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME AND ADDRESS OF THE TENNESSEE COLLEGE YOU PLAN TO ATTEND:

COLLEGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAJOR YOU INTEND TO PURSUE \_\_\_\_\_

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\_\_\_\_\_

**PART 2 – ESSAY**

In an essay, explain how this scholarship would benefit you in pursuing your educational goals. The essay should be typed and double-spaced on white paper, not more than 1 page in length. Be sure to include your name on the essay and include the essay with this application. Essay will be judged on subject content, composition, grammar and neatness.

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**PART 3 – COMMUNITY SERVICE**

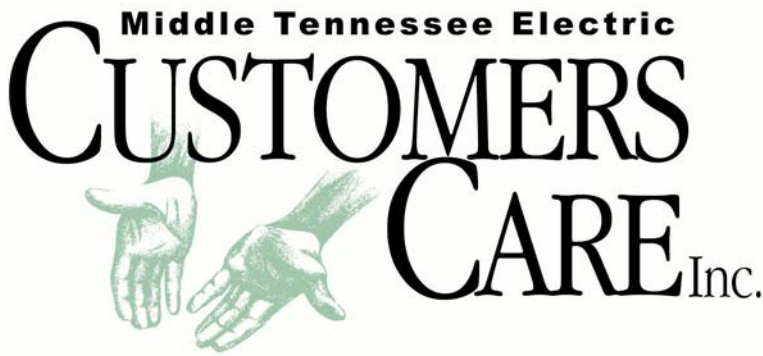
List and describe the community service activities in which you were involved during high school or college. This may include activities for which you volunteered, participated in leadership and civic events, or from which your community and/or its residents benefited. Please use the space provided – DO NOT attach additional pages. Be sure to include the activities that you feel were most beneficial.

ACTIVITY	DATE	DESCRIPTION

Return form to student OR mail to:  
**MTE Customers Care Scholarship Program**  
555 New Salem Road  
Murfreesboro, TN 37129  
Phone: 615-494-1065

**FOR MTEMC USE ONLY**

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**FORM B**

To be completed by the applicant (Part 1) and the school official (Part 2).

Attachments required: Official school transcripts and a copy of ACT/SAT scores

**MTE Customers Care Scholarship Program Application**

All materials, including this form must be submitted by the published deadline. Type or print all information in black ink.

**PART 1 (TO BE COMPLETED BY THE APPLICANT)**

Please release my transcripts as application for the Middle Tennessee Electric Customers Care Scholarship.

APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

**PART 2 (TO BE COMPLETED BY THE SCHOOL OFFICIAL)**

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ANTICIPATED DATE OF GRADUATION \_\_\_\_\_

CUMULATIVE GPA : \_\_\_\_\_ on a \_\_\_\_\_ scale  
(i.e. 3.0 on a 4.0 scale)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Please attach an official copy of this student's transcript with grades AND a copy of either ACT or SAT scores to this form.**

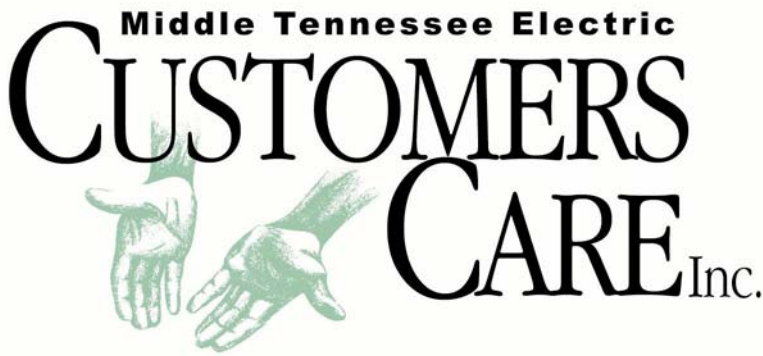
Official transcripts, ACT/SAT scores, and this form should be returned to:

**MTE Customers Care Scholarship Program**

**555 New Salem Road  
Murfreesboro, TN 37129**

Phone: 615-494-1065

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**FORM C**  
 To be completed by the applicant (Part 1) and his/her personal reference (Part 2).  
 Attachment required: Reference letter – 2 pages maximum

**MTE Customers Care Scholarship Program Application**  
 All materials, including this form must be submitted by the published deadline. Type or print all information in black ink.

**PART 1 (TO BE COMPLETED BY THE APPLICANT)**

APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

**PART 2 (TO BE COMPLETED BY THE PERSONAL REFERENCE)**  
 Please rate the applicant based on the attributes below.

	GOOD	EXCELLENT	OUTSTANDING
CONCERN FOR OTHERS			
ENERGY			
WORK ETHIC			
RESPECT FOR OTHERS			
EMOTIONAL MATURITY			
LEADERSHIP ABILITY			
SELF DISCIPLINE			
CREATIVITY			
OVERALL RATING			

REFERENCE NAME \_\_\_\_\_

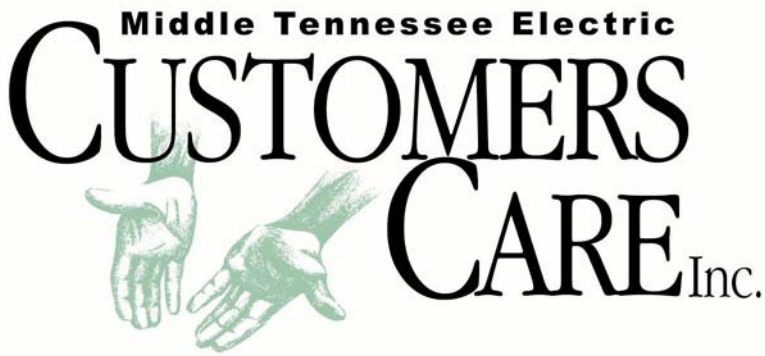
REFERENCE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Important note to the personal reference:** please attach a letter (no more than 2 pages) to this form, explaining the reasons you think this student is a deserving candidate for the scholarship. Keep in mind that the scholarship will be awarded based on the following criteria: community service activities and citizenship (25%), written communication skills (25%), academic achievement (25%), and financial need (25%).

Return form and letter to student OR mail to:  
**MTE Customers Care Scholarship Program**  
 555 New Salem Road  
 Murfreesboro, TN 37129  
 Phone: 615-494-1065

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**FORM D FINANCIAL REVIEW FORM**  
To be completed by applicant (PART 1) and  
Financial Aid Officer (Part 2).

**MTE Customers Care Scholarship  
Program Application**

All materials, excluding this form must be submitted by the published deadline. This form must be submitted by June 15<sup>th</sup>. Type or print all information in black ink.

**PART 1 (TO BE COMPLETED BY THE APPLICANT)**

APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_ CITY, STATE \_\_\_\_\_

**Disclosure Authorization:** I hereby give representatives of the Student Financial Aid Office permission to discuss my financial circumstances with representatives of MTE Customers Care Scholarship Program. Please complete the financial aid section of this form and place a copy in my file. The form must be completed by your office and faxed to MTE Customers Care Scholarship Program at 615-494-1065 by **JUNE 15th**.

**PART 2 (TO BE COMPLETED BY FINANCIAL AID OFFICE)**

**ESTIMATED FAMILY CONTRIBUTION**

Please report the estimated family contribution that the financial aid office used to package this student. The EFC calculation can be based upon federal methodology, institutional methodology or some other method.

**EFC** \$ \_\_\_\_\_

**Name of Financial Aid Official:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I hereby certify that the information provided on this form is to the best of my knowledge, true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax form by **JUNE 15th** to:  
**MTE Customers Care Scholarship Program**  
555 New Salem Road  
Murfreesboro, TN 37129  
Phone: 615-494-1065  
Fax: 615-494-1065

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**FORM E**

To be completed by the applicant and applicant's parent(s)/guardian(s).

**MTE Customers Care Scholarship Program Application**

All materials, including this form must be submitted by the published deadline. Type or print all information in black ink.

**PART 1 – ESSAY**

I hereby certify that the attached essay is my original work.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART 2 – SIGNATURES**

I hereby signify that all information on this application is correct to the best of my knowledge. I understand that meeting minimum criteria for this scholarship does not guarantee an award.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signatures \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**PART 3 – FINANCIAL AID RELEASE AUTHORIZATION**

I hereby authorize the release of financial aid information for the MTE Customers Care Scholarship.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signatures \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

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