

**FORM A**  
**To be completed by the student.**  
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. 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 GRADUATION: \_\_\_\_\_  
HIGH SCHOOL \_\_\_\_\_  
ADDRESS \_\_\_\_\_

LIST THE NAME AND ADDRESS OF THE TENNESSEE COLLEGE YOU PLAN TO ATTEND:  
COLLEGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
MAJOR YOU INTEND TO PURSUE \_\_\_\_\_

**FOR MTEMC USE ONLY**  
\_\_\_\_\_

**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**

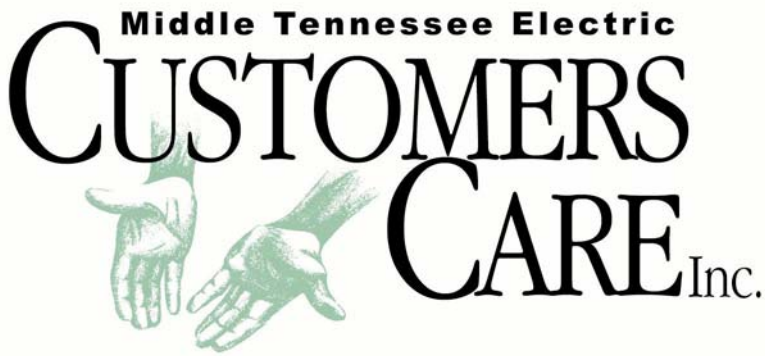
List and describe the community service activities in which you were involved during high school or college. This may include activities for which you volunteered, participated in leadership and civic events, or from which your community and/or its residents benefited. Please use the space provided – 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.**

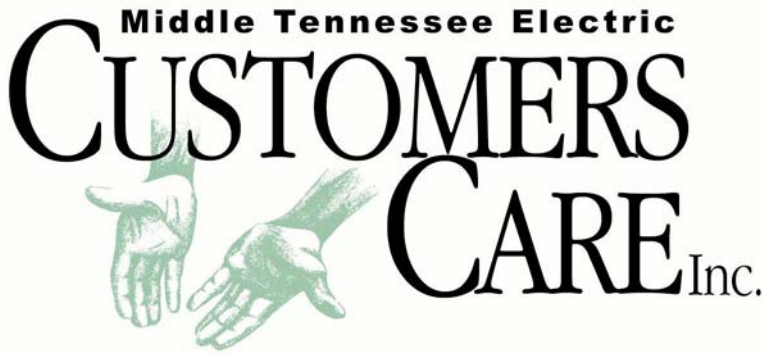
Official transcripts, ACT/SAT scores, and this form should be returned to:

**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**

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**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.

|                    | <b>GOOD</b> | <b>EXCELLENT</b> | <b>OUTSTANDING</b> |
|--------------------|-------------|------------------|--------------------|
| CONCERN FOR OTHERS |             |                  |                    |
| ENERGY             |             |                  |                    |
| WORK ETHIC         |             |                  |                    |
| RESPECT FOR OTHERS |             |                  |                    |
| EMOTIONAL MATURITY |             |                  |                    |
| LEADERSHIP ABILITY |             |                  |                    |
| SELF DISCIPLINE    |             |                  |                    |
| CREATIVITY         |             |                  |                    |
| OVERALL RATING     |             |                  |                    |

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

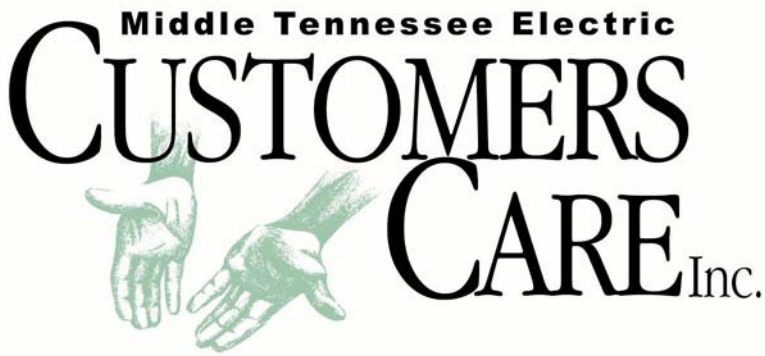
REFERENCE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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%).

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 555 New Salem Road  
 Murfreesboro, TN 37129  
 Phone: 615-494-1065

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**FORM D**

**To be completed by the applicant's parents.**

Attachments required: Copies of parent(s) federal income tax and W-2 forms.

**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.

**This form must be completed by applicant's parent or legal guardian.** If there are extenuating circumstances or if you anticipate a major change in your financial situation for this year, attach an explanation to this form.

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

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

Complete the questions below based on the parent's federal tax form. **In the case of divorced parents, only include the CUSTODIAL parent's information.**

Check one: I am  required  not required to complete a federal tax form. If you are not required to complete federal tax forms, stop here and sign this application.

Information based on federal income tax forms filed the year of \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

How many exemptions do the above claim on the federal income tax forms? \_\_\_\_\_

How many of these exemptions, including the applicant for this scholarship, will be attending college this fall? \_\_\_\_\_

Father's Annual Salary \_\_\_\_\_ Mother's Annual Salary \_\_\_\_\_

Adjusted Gross Income \_\_\_\_\_

**I affirm that the above information is true and correct.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please attach copies of the parent(s)/guardian(s) federal tax form and all W-2's to this form.**

Return form and attachments to student OR mail to:

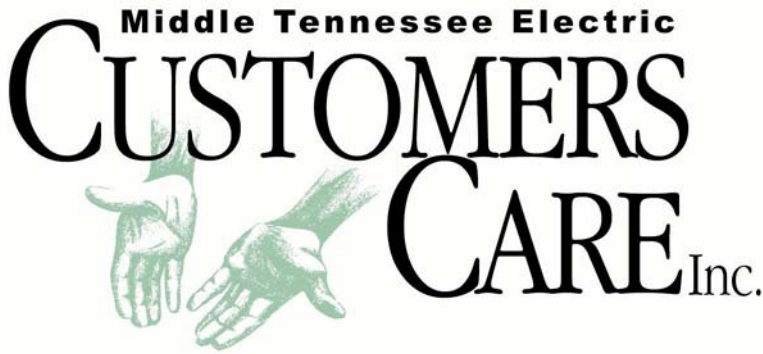
**MTE Customers Care Scholarship Program**

**555 New Salem Road**

**Murfreesboro, TN 37129**

Phone: 615-494-1065

**FOR MTEMC USE ONLY**



**FORM E**

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

**MTE Customers Care Scholarship Program Application**

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**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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