

# Rita Blanca Electric Cooperative Member Scholarship Application

Rita Blanca Electric Cooperative, Inc. is dedicated to making certain that all individuals, regardless of their financial situation, are able to participate in this program. Scholarships are available for qualifying students. To be considered for a scholarship, please complete the following sections:

**Mail completed applications to: Rita Blanca Electric Cooperative, Inc., PO Box 1947, Dalhart, TX 79022**

**Due April 1, 2022**

Name \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street or Box City State Zip

School Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street or Box City State Zip

Eligibility is limited to active members, immediate families of active members, immediate family members of voting designate of Rita Blanca Electric Cooperative (RBEC). ***Please list the person and/or account information and your relationship: (example John Doe, RBEC Acct# 123456789, Daughter)***

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Please list the school district where you or your parents reside \_\_\_\_\_

Please list the county where you or parents reside \_\_\_\_\_

College applicant is attending or plans to attend \_\_\_\_\_

Have you been accepted? Yes No Major \_\_\_\_\_

Expected college graduation date: \_\_\_\_\_

Applicant plans to live:

On Campus:

Off Campus:

Applicant plans to enroll for:

12 or more hours:

6-12 hours

Less than 6 hours

College Classification: Freshman Sophomore Junior Senior  
Graduate School Other

Total Credit Hours Completed: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

U.S. Citizen or National? Yes No Texas resident: Yes No

Name and location of hometown newspaper: \_\_\_\_\_

May we use your name for publicity purposes in newspapers, newsletters, etc: Yes No

**If married, please complete Section A. If single, please complete Section B.**

**Section A:**

Spouse's name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse's occupation: \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_

Names and ages of dependent children: \_\_\_\_\_

**Section B:**

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's address \_\_\_\_\_ Phone: \_\_\_\_\_  
Street or Box City State Zip

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's address \_\_\_\_\_ Phone: \_\_\_\_\_  
Street or Box City State Zip

**Section C:**

Will you be employed while in college? Yes No

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_ Salary \$ \_\_\_\_\_ per hour or annual

How did you find out about the RBEC Member Scholarship? \_\_\_\_\_

**Section D:**

List community activities, church activities, and school related extra-curricular activities during grades 9-12 and/or college and "x" the time periods in which applicant was involved.

Activities	9th	10th	11th	12th	College	Officer, Member, etc

List special recognition, awards, and honors received during grades 9-12 and/or college and "x" the time periods in which they were received.

Recognition, honors, awards	9th	10th	11th	12th	College	Group sponsoring award

**Section E:**

Outline your future plans and how a RBEC Member Scholarship would assist you with those plans.

Please list how many siblings you have: \_\_\_\_\_

Besides you, how many will be in college in 2021? \_\_\_\_\_

**Confidentiality Statement:** All information received by Rita Blanca Electric Cooperative, Inc. will remain strictly confidential and used only in determining scholarship eligibility.

Please indicate in the blanks provided any sources of income which you will have during the upcoming school year:

<b>Sources of Income:</b>	<b>Amount:</b>
Parents .....	\$ _____
Scholarships/Grants.....	\$ _____
Student Loans.....	\$ _____
Work Income.....	\$ _____
Savings.....	\$ _____
Other Income: (describe) _____	\$ _____
<b>Total.....</b>	<b>\$ _____</b>

Please indicate in the blanks provided all expenses which you will incur during the upcoming school year. The university catalog should help you estimate these.

<b>Expense:</b>	<b>Amount:</b>
Tuition and fees.....	\$ _____
Books and supplies.....	\$ _____
Room and Board (or apartment, rent, utilities, groceries).....	\$ _____
Installment payments (car payment, insurance, etc.).....	\$ _____
Transportation expenses (gas, oil change, etc.).....	\$ _____
Personal expenses.....	\$ _____
<b>Total.....</b>	<b>\$ _____</b>

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_