



FORM A

To be completed by the applicant.

Attachments required:

Essay (1 typed double-spaced page)

MTE SharingChange Scholarship Program Application

All materials, including this form, must be submitted by March 15th. 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.

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

Completed application and attachments should be mailed by March 15th to:

MTE SharingChange Scholarship Program

555 New Salem Hwy

Murfreesboro, TN 37129

Phone/Fax: 615-494-1065

FOR MTEMC USE ONLY



FORM B
To be completed by the applicant (Part 1) and the school official (Part 2).
Attachments required: Official school transcripts

MTE SharingChange Scholarship Program Application

All materials, including this form, must be submitted by March 15th. 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 SharingChange 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.

Official transcripts and this form should be returned by March 15th to:

MTE SharingChange Scholarship Program

555 New Salem Hwy

Murfreesboro, TN 37129

Phone/Fax: 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 SharingChange 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.

	FAIR	GOOD	EXCELLENT
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.

Please 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 by March 15th to:

MTE SharingChange Scholarship Program

555 New Salem Hwy

Murfreesboro, TN 37129

Phone/Fax: 615-494-1065

FOR MTEMC USE ONLY



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

**MTE SharingChange Scholarship
Program Application**

All materials, including this form, must be
submitted by March 15th. Type or print all
information in black ink.

PART 1 (TO BE COMPLETED BY THE APPLICANT)

APPLICANT NAME _____

SOCIAL SECURITY # _____ HOME PHONE (____) _____

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 SharingChange 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 SharingChange Scholarship Program at 615-494-1065 by **MARCH 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 **MARCH 15th** to:
MTE SharingChange Scholarship Program
555 New Salem Hwy
Murfreesboro, TN 37129
Phone/Fax: 615-494-1065

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

MTE SharingChange 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 SharingChange Scholarship.

Applicant Signature _____

Date _____

Parent/Guardian Signatures _____

Date _____

Date _____

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MTE SharingChange Scholarship Program

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Murfreesboro, TN 37129

Phone/Fax: 615-494-1065

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