

ETEX TELEPHONE SCHOLARSHIP APPLICATION

Full Name: _____

Mailing Address: _____

Date of Birth: _____

Do you have a family member that works at ETEX? _____

Name of ETEX employee: _____

Number of Brothers _____ Number of Sisters _____

Other Dependents: _____

Family Members in College: _____

Other Scholarships that you have received: _____

Class Ranking: _____

Overall High School Grade Average: _____

Expected College Major or Profession: _____

College Entrance Board Score: ACT _____ SAT _____

Please include the following items with your application:

1. Resume
2. Short essay describing your life goals and your plans to reach them.

Application packet should be received by the high school counselor.

*Turn into Mrs. Humphreys
by April 16, 2021*