

Application Period: _____ 20____ Term

ECTOR COUNTY EMPLOYEES ENRICHMENT FUND SCHOLARSHIP PROGRAM
Application for Scholarship

Student's Name _____
Last First MI Social Security No.

Employment _____
Department/Position Supervisor's Name

Applying to Attend Which School? _____
Home Phone

Student's Home Address _____
City/State/Zip

AWARD ELIGIBILITY

1. Must be employed by a department or agency of Ector County. (preference given to full-time employees)
2. Must be accepted for admission at the University of the Permian Basin or Odessa College on other than a probationary status.
3. Must complete this form and bring to registration with Ector County scholarship officer's approval.
4. Must complete the enrolled hours with a satisfactory grade of "C" or higher.

ELIGIBILITY INFORMATION

List course(s) in which you intend to enroll this term:

Course Name & Number	Day/Time	Course Name & Number	Day/Time

Briefly describe your educational goals:

List other sources of financial aid you have received for this application period:

I certify that to do the best of my knowledge, the information contained on this application is correct and complete. I agree that the Office of Financial Aid has my permission to verify it. I understand that any false statements made herein will void this application. I authorize the University of the Permian Basin or Odessa College to submit a copy of my grades to the Personnel Office of Ector County.

Student's signature _____ Date

(For office use only)

Academics verified: _____
Financial Aid Officer's Signature Date

Employment verified: _____
Supervisor's Signature Date

Scholarship approved: _____
Ector County Officer's Signature Date