

Thrall Community Education Foundation • 201 S. Bounds • Thrall • Texas • 76578 • 844-898-TCEF

www.thrallcef.org

TCEF Senior Scholarship Application (Please print clearly)

Applicant (Student) Na	nme: (write your name as it appears		Thrall ISD Student ID:our school records)				
Mailing Address: (Street address City State							
Class of 20 Cell Phone:		·					
Enrollment Verification							
Mark ALL semesters completed at Thrall ISD High School:							
Freshman Year:	First Semester	Second Semes	ster 🗆				
Sophomore Year:	First Semester □	Second Semes	ster 🗌				
Junior Year:	First Semester □	Second Semes	ster 🗌				
Senior Year	First Semester	Second Semes	ster (current on track	tly enrolled and c to graduate)			
	or enrolled at Thrall ISD Higst the date:						
I	t of Thrall ISD High School a		-				
Verified by the Thral	l ISD High School Counselor	:	lent enrollment inform	nation as stated above)			
Verified by the Thrall ISD High School Counselor:							
N C. II	. W						
(<u>Please include a copy of your a</u> application, TCEF reserves the the request.)	r Vocational School At acceptance letter along with this application of registration of the control of the cont	cation. If you have not receiver enrollment at a later date.	If required, TCEF wil	l contact the applicant witl			
4-year college:	2-year college: Voc	ational/Technical Sc	hool:				
College/School Campu	s Location:		# of Hour	rs Enrolled in			

(Continued on next page)

Must enroll in a minimum of 3 hours per semester

(Continued from previous page)

Name of College or Vocational School Attending (cont.):

College/School Student ID Number***(Mandatory - this is NOT your Thrall ISD id#)*** (if you are unsure what your student id number is contact your college or school admissions office)							
List the semester (Fall	or Spring) and year in v	which you plan to first enroll	l in college or vocationa	al school			
classes:	(this ir	nformation will determine the TCE	F scholarship check submission	on date)			
List college or school	address to mail schola	arship check to (check will <u>NC</u>	<u>)T</u> be mailed to a home addre	ess):			
Department Name:							
College or School Name	e:						
College or School Addr							
	(Street Address	City	State	Zip)			
List the college or sch payable to the student):	ool name the scholars	ship check should be made	e payable to (check will <u>N</u>	<u>IOT</u> be made 			
Fall Tuition Due Date: _	Spring Tuition Due Date:						
Does your college or sc	hool have a Scholarship	o Donor Form that must be s	submitted with your ch	eck?			
Yes, it is attach Sam Houston, Ha		Schools known to have forms: Te	exas A&M, Texas State, Tex	cas Tech,			
No, use the info	ormation I have provide	ed above					
Scholarship Departmer	nt to determine the prop	ove, contact your college or sper procedure to have a schoot to provide TCEF the prope	olarship credited to you	ur student			
Applicant (Student) Signatur	-e		of Submission				
School Counselor's O	ffice by 8:00 a.m. May	ng documentation must be y 1 of your graduation y l not be considered for TO	<u>rear</u> or emailed to	all High			
Check the bo	•	ge/school is undetermined	d at the time of your				
informatior	n to TCEF . If this infor	ibility to communicate h rmation is not provided to n date, the scholarship is f	o TCEF by September	· 1,			