



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) Name: _____ Thrall ISD Student ID: _____
(write your name as it appears on your school records)

Mailing Address: _____
(Street address City State Zip)

Class of 20 _____ Cell Phone: _____ Email: _____

Enrollment Verification

Mark ALL semesters completed at Thrall ISD High School:

Freshman Year: First Semester ☐ Second Semester ☐

Sophomore Year: First Semester ☐ Second Semester ☐

Junior Year: First Semester ☐ Second Semester ☐

Senior Year First Semester ☐ Second Semester ☐ (currently enrolled and on track to graduate)

If you transferred to or enrolled at Thrall ISD High School on any date other than the first day of the school year please list the date: _____

If you transferred out of Thrall ISD High School and then returned at a later date, please list both of those dates: _____

Verified by the Thrall ISD High School Counselor: _____
(signature represents agreement with student enrollment information as stated above)

It is the applicant's responsibility to obtain this signature. Application will not be accepted without a valid signature.

Name of College or Vocational School Attending:

(Please include a copy of your acceptance letter along with this application. If you have not received your acceptance letter at the time of application, TCEF reserves the right to request proof of registration or enrollment at a later date. If required, TCEF will contact the applicant with the request.)

College/School Name: _____

4-year college: _____ 2-year college: _____ Vocational/Technical School: _____

College/School Campus Location: _____ # of Hours Enrolled in _____
(actual or planned)

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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 which you plan to first enroll in college or vocational school classes: _____ (this information will determine the TCEF scholarship check submission date)

List college or school address to mail scholarship check to (check will NOT be mailed to a home address):

Department Name: _____

College or School Name: _____

College or School Address: _____
(Street Address City State Zip)

List the college or school name the scholarship check should be made payable to (check will NOT be made payable to the student):

Fall Tuition Due Date: _____ Spring Tuition Due Date: _____

Does your college or school have a Scholarship Donor Form that must be submitted with your check?

☐ Yes, it is attached to this application (Schools known to have forms: Texas A&M, Texas State, Texas Tech, Sam Houston, Hardin Simmons)

☐ No, use the information I have provided above

If you are unsure of any of the information above, contact your college or school's Financial Aid and Scholarship Department to determine the proper procedure to have a scholarship credited to your student account. **It is the applicant's responsibility to provide TCEF the proper instructions for submitting scholarship checks.**

Applicant (Student) Signature

Date of Submission

Completed applications and any supporting documentation must be turned in to the Thrall High School Counselor's Office by **8:00 a.m. May 1 of your graduation year** or emailed to info@thrallcef.org. Late submissions will not be considered for TCEF Scholarship.

☐ Check the box if your future college/school is undetermined at the time of your application submission.

It will be the student's responsibility to communicate his or her college information to TCEF. If this information is not provided to TCEF by September 1, following the student's graduation date, the scholarship is forfeited.