



GREENVILLE CHAMBER  
OF COMMERCE



Hunt County Senior Service Alliance  
Need Based Scholarship Application  
**Hunt County Residents 60+ YEARS ONLY**

Name:

Address:

Phone#:

DOB:

Please give a brief description of need:

**\*\*if utility assistance is needed, please attach copy of utility bill\*\***

Male \_\_\_ Female \_\_\_ (check one)

Shirt size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ (clothing needs only)

Shoe Size: \_\_\_\_\_

Medical Conditions:

Nominated by:

Contact Name:

Contact Phone#:

- Please email nominations to Trina Coldiron @ [trina.scrpt.org](mailto:trina.scrpt.org)
- For more information, please contact HCSSA @ [chamber@greenvillechamber.com](mailto:chamber@greenvillechamber.com)
- **Scholarships will be based on need & availability of resources**

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