

DESK AND DERRICK EDUCATIONAL TRUST  
**SCHOLARSHIP APPLICATION**  
2026-2027 ACADEMIC YEAR (Fall and Spring Semesters)

**PART I**

A scholarship program for assistance with tuition and books, managed by the Desk and Derrick Educational Trust, is offered to qualified student citizens of the United States or Canada who have completed two years of undergraduate studies with a minimum 3.2 overall grade point average on a 4.0 scale (United States) or 80% and above (Canada) and are enrolled in a full-time program (co-op programs do not qualify). Applicants must be pursuing a degree in a major field of study related to qualifying for full-time employment (in the petroleum, energy, or allied industries) and have a need of financial assistance.

Please complete both pages of this application. Completed applications **must be received** at the office of the Desk and Derrick Educational Trust on or before **April 10, 2026**. This application is available at [www.theeducationaltrust.org](http://www.theeducationaltrust.org) in a fillable PDF format. All information must be furnished; **ILLEGIBLE OR HANDWRITTEN** applications will **NOT** be considered (excluding Part II).

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_  
Citizenship: United States \_\_\_\_\_ Canada \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Email address at school: \_\_\_\_\_ Home Email address: \_\_\_\_\_  
Declared Major Field of Study: \_\_\_\_\_ Degree Sought (B.S., B.A., M.S., Ph.D.): \_\_\_\_\_  
College or University: \_\_\_\_\_ Estimated Date of Graduation: \_\_\_\_\_  
High School: \_\_\_\_\_ High School Location (City/State): \_\_\_\_\_  
I hereby authorize and request the Student Financial Aid Office of \_\_\_\_\_  
*College or University Name*  
to release the following requested information to the Desk and Derrick Educational Trust.

\_\_\_\_\_  
*Signature of Applicant* \_\_\_\_\_  
*Date*

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**PART II**

**THIS PORTION TO BE COMPLETED BY STUDENT FINANCIAL AID OFFICE TO VERIFY ENROLLMENT**

1. Overall grade point average: \_\_\_\_\_ Total current college credits: \_\_\_\_\_ In good standing? \_\_\_\_\_
2. Full or Part-time? \_\_\_\_\_ Undergraduate or Postgraduate? \_\_\_\_\_ Declared major: \_\_\_\_\_
3. Copy of complete transcript.
4. Do you expect the student to receive any financial aid in the 2026-2027 school year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, the estimated amounts of financial aid: Grants \_\_\_\_\_ Scholarships \_\_\_\_\_ Loans \_\_\_\_\_  
Work-Study \_\_\_\_\_ Other Aid \_\_\_\_\_ Student has NOT applied for financial aid: \_\_\_\_\_
5. Estimated cost for a full-time student at your institution for the current year: Tuition/Fees \_\_\_\_\_  
Books & Supplies \_\_\_\_\_ Room/Board \_\_\_\_\_ Transportation/Other \_\_\_\_\_

|                                            |                                |                                          |
|--------------------------------------------|--------------------------------|------------------------------------------|
| _____<br><i>Printed Name</i>               | _____<br><i>Signature</i>      | _____<br><i>Date</i>                     |
| _____<br><i>Title</i>                      | _____<br><i>Email Address</i>  | _____<br><i>Phone Number</i>             |
| _____<br><i>Name of University</i>         |                                | _____<br><i>University Tax ID Number</i> |
| _____<br><i>University Mailing Address</i> |                                |                                          |
| _____<br><i>City</i>                       | _____<br><i>State/Province</i> | _____<br><i>Zip/Postal Code</i>          |

### **PART III**

**Brief Biographical Sketch of:** \_\_\_\_\_

**(Name of Student)**

**Note to Student:** Please furnish the requested information. It is important to include a detailed explanation of your need for financial assistance and any other information you would like to have considered as part of your application. Letters of recommendation may be included with this application. An additional sheet can be used to complete Part III, if needed.

**Career Objective (20%):**

**College/Career Activities (20%):**

**Community Activities (10%):**

**Explain Need for Financial Aid (20%):**

**Honors/Awards (15%):**

**Brief Employment History (15%):**

**Current scholarships, if any (0%):**

### **DESK AND DERRICK MEMBERS ONLY**

**PART-TIME APPLICANTS:** Upon completion of your courses, what percent of the course cost are you reimbursed by your employer? \_\_\_\_\_

**Desk and Derrick:** Are you currently a member of a Desk and Derrick club? Yes \_\_\_ No \_\_\_

**Club Name:** \_\_\_\_\_

## **CHECKLIST**

### **Keep for Your Records**

| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|
|-----------|------------|-------------|

1. \_\_\_\_ Completed and signed by student - Part I
2. \_\_\_\_ Completed and signed by Student Financial Aid Officer - Part II (*may be handwritten*)
3. \_\_\_\_ Completed Biographical Sketch - Part III
4. \_\_\_\_ Transcript
5. \_\_\_\_ Letters of Recommendation (optional)

**Reminder: Illegible or handwritten applications (Parts I and III) will NOT be considered.**

### **FORWARD COMPLETED PARTS I, II, AND III WITH COPY OF TRANSCRIPT AND LETTERS OF RECOMMENDATION (IF INCLUDED) TO:**

Desk and Derrick Educational Trust  
c/o Melissa Thibodeaux  
Worley Inc.  
104 Sleepy Brook Rd  
Lafayette, LA 70508

Email / [info@theeducationaltrust.org](mailto:info@theeducationaltrust.org)

**Winners will be notified by eMail.**

**Do NOT send by Certified Mail with signature required.**

For more information, visit our website at <https://theeducationaltrust.org/>

If you wish to learn more about the Association of Desk and Derrick Clubs and to locate a club near you, go to <https://addc.org/>

Thank you for your interest in The Educational Trust Scholarship.