

Ohio Rural Electric Cooperatives, Inc. Scholarship for Children of Consumers

Application Form

In cooperation with _____ Date: _____
(Cooperative)

APPLICATION FORMS MUST BE TYPED

(Forms must be mailed to your Cooperative when completed.)

Name: _____ Phone: _____

Mailing address: _____

Location address: _____

Parents' names: _____ Student email: _____

Are your parents/guardians members of an electric Cooperative? Yes No

Do your parents live in the service area of the electric Cooperative? Yes No

Name of school: _____

Where school is located: _____

Age: _____ Date of birth: _____ Gender: Male Female

By what college or accredited technical school have you been accepted?

What will be your major or degree? _____

PERSONAL ACHIEVEMENT: (Non-school activities including church and community)

Give years of membership and outstanding activities in which you have participated as a leader.

ORGANIZATION	NO. OF YEARS	OFFICES HELD

PERSONAL ACHIEVEMENT: (School activities)

List the activities participated in during your high school attendance such as: Class officer, plays, athletics, music, etc. Don't list them all; select the most prestigious.

ACTIVITY	NO. OF YEARS	REMARKS

PERSONAL ACHIEVEMENT: (Other)

List all other activities not heretofore mentioned which will more fully describe your past achievements, including any work experience:

Have you received a full tuition scholarship to the school of your choice? Yes No

STATEMENT OF APPLICANT, PARENT OR GUARDIAN

We have examined this application and the records are true, complete and accurate.

Date: _____ Signed _____
(Applicant)

Signed _____
(Guardian)

(These signatures are to be affixed prior to forwarding the application to high school officials.)

SCHOLASTIC RECORD

(To be completed by high school principal or counselor)

High school scholastic record by years:

Attach transcript of applicant’s grades signed by school official.

Applicant information must be confined to the official nomination form with no attachments other than grade transcripts.

Number in Senior class: Girls _____ Boys _____

Class rank: Jr. Year _____ Sr. Year _____

List scholastic awards won: (Local, county, district, or state)

*Cumulative Point hour_____ (On 4.00 scale)

Cumulative Point hour_____ (On weighted scale, **IF** applicable)

**ACT Composite_____

***PSAT-NMSQT Standing_____ (national percentile ranking)

Signed:_____ Position: _____

(TO BE COMPLETED BY INSTRUCTOR IN THIS YEAR OF SCHOOL)

Evaluation of student: (Leadership, perseverance, prediction of success at university, etc.)

Signed:_____ Position: _____

High School: _____ Address: _____

* Example - 4.00 for straight : “A” student

** American College Test

*** Preliminary Scholastic Aptitude Test-National Merit Scholarship Qualifying Test

(This page to be filled in by judges)

PERSONAL INTERVIEW:

COOPERATIVE KNOWLEDGE:

TOTAL POINTS:

- _____ Scholastic Record
- _____ Personal Achievement
- _____ Personal Interview
- _____ Cooperative Knowledge

ATTACH SMALL
SCHOOL PHOTO
HERE, IF
AVAILABLE

Student's Name