





Scholarship for Children of Members Application Form 2024

In cooperation with

Adams Rural Electric Cooperative, Inc.

Applications must be submitted to <u>Adams Rural Electric Cooperative</u>, <u>Inc.</u>

Deadline Date: Friday, Februay 9, 2024

1) Are your parents/guardians perman Adams Rural Electric Coopera		Yes No	
2) Have you received a "Full Ride" scholarship to the school of your choice? Yes N			
3) Are members of your family, or persons residing in your household, affiliated with any electric cooperatives / related entities (see rule 4)?			
· ·	To to question 1) and/or Yes to questions 2		
Thank you for your	interest in our scholarship, but you do not	qualify.	
THE FIRST TWO PAGES OF THIS	S APPLICATION FORM MUST BE TY	PED TO BE ACCEPTED.	
Name:	Pł	none:	
Street Address:			
Township, City, State, Zip:			
Student Email:	Parent Email:		
Parents' names:			
Parents' phones:			
Age:	Birthdate:		
Name of High School:			
Address of High School:			
By which college(s) or accredited technica	l school(s) have you been accepted?		
Major(s)?			
Official	School Transcript Must Be Attached.		

Adams Rural Electric Cooperative, Inc. 4800 SR 125 PO Box 247, West Union, OH 45693-0247

OHIO'S ELECTRIC COOPERATIVES, INC. – 2024 SCHOLARSHIP FOR CHILDREN OF MEMBERS

·	Activity	g activities in which you have p	Remarks
	·		
SCHOOL ACTIV	/ITIES PERSONAL A	CHIEVEMENT: (Such as c	lass officer, plays, athletics, music, etc.)
		ated in during your high school	·
	Activity	# of Years	Remarks
PERSONAL ACI	HIEVEMENT: (Other)		
		tioned which will more fully d	escribe your past achievements, including
any work experien		# of Years	Remarks
	Activity		
	- retivity	# 01 Tears	Remarks
	Activity	# of Tears	Remarks
	Zeavey	# of Tears	Remarks
	2 Cuvicy	# of Tears	Remarks
	2 Cuvicy	# of Tears	Remarks
			Remarks
STATEMENT O	F APPLICANT, PARI		Remarks
We have examine	F APPLICANT, PARE d this application and th	ENT OR GUARDIAN ne records are true, complete a	and accurate. In addition, we acknowledge
We have examined and agree that the	F APPLICANT, PARE d this application and tl Cooperative and Ohio'	ENT OR GUARDIAN ne records are true, complete as Electric Cooperatives, Inc. 1	and accurate. In addition, we acknowledge may disclose any or all of the information
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This page may be typed or hand written.		
Scholarship Applicant's Name:		
This section is to be complete	ted by the High School Princ	cipal or Counselor.
SCHOLASTIC RECORD High school scholastic record by years: Attach tr Applicant's information must be confined to the Since grade point scales vary by district, please p "out of a possible 4.0") or include a copy and /or	e official application form. provide a brief explanation of	of your school's grade point scale (e.g.
Class Rank: Junior Year	Class Rank:	Senior Year
Cumulative Grade Point Average:		(3.5 or above)
ACT Composite (if applicable):		
SAT Composite (if applicable):		
Print Name:	Position:	
Signature:	Date:	
Attachments:		
One teacher recommendation no longer t	han 500 words	
Official School Transcript		
One recent photo of the applicant		