

For Office Use Only (Received Date)

Application Form _____	One Page Summary _____
Transcript _____	Reference _____
Reference _____	Reference _____

**ADAMS-COLUMBIA ELECTRIC COOPERATIVE
SCHOLARSHIP APPLICATION**

(ACEC Adult Members and Their Dependent Children Only)

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN FEBRUARY 9, 2018.
THIS IS A FIRM DATE – THERE WILL BE NO EXCEPTIONS ON ANY MATERIAL
POSTMARKED/RECEIVED AFTER THIS DATE!**

ACEC ACCOUNT NUMBER: _____ or **MEMBER NUMBER** _____
Residential () OR Seasonal/Other ()

Date: _____ **Current Status:** High School () College () Vocational/Technical ()

1. Name: _____ Date of Birth: _____

2. Home Mailing Address: _____

(City)

(State)

(Zip)

3. Father's Name (or Guardian): _____ Occupation: _____

4. Mother's Name (or Guardian): _____ Occupation: _____

5. Number of children in your family: _____ Number in post high school education: _____

6. What are your career plans? _____

What majors and minors might you pursue? _____

7. Name of college you are attending or the school you will attend next year? _____

8. A. What is the total cost per year at your chosen school for tuition, books, food, lodging and transportation? _____

B. Approximate the amount you can use from your savings, any money you earn, and what your parents can contribute realistically: _____

C. A - B = Your financial need: _____

D. Other financial aid: _____

9. High School Attended: _____ Year Graduated: _____

Class Rank: _____ Number in Graduating Class: _____ Test Score –ACT: _____ GPA: _____

Have you previously applied for this scholarship? Yes () No ()

Have you previously been awarded this scholarship? Yes () No ()

10. List your high school/college clubs and activities, including offices held:

List youth organizations or community activities you have participated in, including offices held:

11. List Cooperative activities or involvement: _____

12. List church activities (optional): _____

13. List any work experiences you have had during high school and/or college: _____

14. Add any information you think is pertinent to this application: _____

15. Give the names and addresses of the **three** references you will be sending a Scholarship Application Reference Form to:

1.) _____

2.) _____

3.) _____

17. Please read and sign the following statement:

I give my permission to release this application and a transcript of my school records to any appropriately designated local scholarship committee member.

Signature: _____

Parent's Signature (if applicant is a minor): _____

18. Phone number where you can be reached: _____

19. E- Mail Address: _____