

Your Touchstone Energy® Cooperatives

Scholarship for Children of Members Application Form 2022

In cooperation with

Guernsey-Muskingum Electric Cooperative, Inc.

Applications must be submitted to <u>Guernsey-Muskingum Electric Cooperative</u>, <u>Inc.</u>
Deadline Date: <u>Friday</u>, <u>February 4</u>, 2022

1) Are your parents/guardians permanent residential members of Yes No **Guernsey-Muskingum Electric Cooperative, Inc.?** Yes 2) Have you received a "Full Ride" scholarship to the school of your choice? 3) Are members of your family, or persons residing in your household, Yes No affiliated with **any** electric cooperatives / related entities (see rule 4)? If you answered Yes to question 3) – Thank you for your interest in our scholarship, but you do not qualify. THE FIRST TWO PAGES OF THIS APPLICATION FORM MUST BE TYPED TO BE ACCEPTED. Name: Phone: 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 technical school(s) have you been accepted? Major(s)? Official School Transcript Must Be Attached.

> Guernsey-Muskingum Electric Cooperative, Inc. 17 S. Liberty St., New Concord, OH 43762-1299

OHIO'S ELECTRIC COOPERATIVES, INC. – 2022 SCHOLARSHIP FOR CHILDREN OF MEMBERS

| Activity | # of Years | Remarks |
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| OOL ACTIVITIES PERSONAL ACTIVITIES personal ACTIVITIES personal ACTIVITIES participa | , | class officer, plays, athletics, music, etc.) |
| Activity | # of Years | Remarks |
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| all other activities heretofore not mention | oned which will more fully o | describe your past achievements, includi |
| all other activities heretofore not mention | oned which will more fully of Years | lescribe your past achievements, includi Remarks |
| all other activities heretofore not mention work experience: | | |
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| This page may be typed or hand written. | | | |
|---|-------------------------------------|------------------------------------|-------|
| Scholarship Applicant's Name: | | | |
| This section is to be completed by the | High School Prin | cipal or Counselor. | |
| SCHOLASTIC RECORD High school scholastic record by years: Attach transcript Applicant's information must be confined to the official Since grade point scales vary by district, please provide a "out of a possible 4.0") or include a copy and /or description | application form. brief explanation | 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 than 500 | words | | |
| Official School Transcript | | | |
| One recent photo of the applicant | | | |