

Your Touchstone Energy® Cooperatives

Scholarship for Children of Members Application Form 2019

In cooperation with

Mid-Ohio Energy Cooperative, Inc.

Applications must be submitted to <u>Mid-Ohio Energy Cooperative</u>, <u>Inc.</u>
Deadline Date: <u>February 8, 2019</u>

Yes No 1) Have you received a "Full Ride" scholarship to the school of your choice? 2) Are your parents/guardians permanent residential members of Mid-Ohio Energy Cooperative, Inc.? Yes If you answered Yes to question 1) and/or No to question 2) – 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: Address (including township): Address: Student Email: _____ Parent Email: _____ Parents' names: Parents' phones: Age: ______ Birthdate: _____ Name of High School: Address of High School: By what college(s) or accredited technical school(s) have you been accepted? Major(s)? Official School Transcript Must Be Attached. All rules stated within this document conform to the policies and program guidelines as set forth by the local

Previous years' applications will not be accepted.

sponsoring Cooperative and Ohio's Electric Cooperatives, Inc.

Mid-Ohio Energy Cooperative, Inc. 1210 W. Lima St., Kenton OH 43326

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

Activity	# of Years	Remarks
OOL ACTIVITIES PERSONAL A	CHIEVEMENT: (Such as el	lass officer, plays, athletics, music, etc.)
he most prestigious activities particip		
Activity	# of Years	Remarks
SONAL ACHIEVEMENT: (Other)		
all other activities heretofore not ment work experience:	ioned which will more fully de	escribe your past achievements, including
vork experience.		
Activity	# of Years	Remarks
Activity	# of Years	Remarks
Activity	# of Years	Remarks
Activity	# of Years	Remarks
Activity	# of Years	Remarks
Activity	# of Years	Remarks
Activity	# of Years	Remarks
Activity TEMENT OF APPLICANT, PARE		Remarks
TEMENT OF APPLICANT, PARE	ENT OR GUARDIAN	
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This page may be typed or hand written.			
Scholarship Applicant's Name:			
This section is to be completed by th	ne 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 "out of a possible 4.0") or include a copy and /or descript	al application form. a brief explanation	of your school's grade	
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. See rules for deta	iils.		
Official School Transcript			
One recent photo of the applicant			
Mid-Ohio Ener	rgy Cooperative, Inc.		