

Scholarship for Children of Members Application Form 2024

In cooperation with

Hancock-Wood Electric Cooperative, Inc.

Applications must be submitted to *Hancock-Wood Electric Cooperative*, *Inc.*

Deadline Date: February 9, 2024 by 4:30 pm

1) Are your parents/guardians permanent residen	ntial members of	Yes No			
Hancock-Wood Electric Cooperative, In	<u>c.?</u>				
2) Have you received a "Full Ride" scholarship	to the school of your choice?	Yes No			
3) Are members of your family, or persons residuated with any electric cooperatives / r		Yes No			
If you answered No to questi	ion 1) and/or Yes to questions 2	2) or 3) –			
Thank you for your interest in	our scholarship, but you do not	t qualify.			
THE FIRST TWO PAGES OF THIS APPLIC	ATION FORM MUST BE TY	PED TO BE ACCEPTED.			
Name: Pho		one:			
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.					
Hancock-Wood Electric Cooperative, Inc.					

PO Box 190, North Baltimore, OH 45872-0190

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

·	Activity	g activities in which you have # of Years	Remarks
		,	class officer, plays, athletics, music, etc.)
List the most		pated in during your high scho	ol attendance. Remarks
	Activity	# of Years	Kemarks
List all other	erience:	tioned which will more fully o	describe your past achievements, including
List all other	activities heretofore not men		lescribe your past achievements, including Remarks
List all other	activities heretofore not men erience:	tioned which will more fully o	
List all other	activities heretofore not men erience:	tioned which will more fully o	
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List all other any work exp	activities heretofore not men erience:	# of Years	
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This page may be typed or hand written.		
Scholarship Applicant's Name:		
This section is to be completed by the	ne High School Princ	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	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):		
List Scholastic Awards Won: (Local, county, district or sa	tate)	
Print Name:	Position:	
Signature:	Date:	
Attachments:		
One teacher recommendation no longer than 500	0 words	
Official School Transcript		
One recent photo of the applicant		