



2026 Trade School Scholarship Form

Applications must be submitted to <u>Hancock-Wood Electric Cooperative</u>, <u>Inc.</u>
Deadline Date: <u>Monday</u>, <u>February 9</u>, <u>2026</u>

1) Are your parents/guardians pe	ermanent residential members of	Yes No		
Hancock-Wood Electric C	Cooperative, Inc.?			
2) Have you received a "Full Ride" scholarship to the school of your choice? Yes No				
3) Are members of your family, or persons residing in your household, affiliated with any electric cooperatives / related entities (see rule 4)?				
If you answer	red No to question 1) and/or Yes to questions 2) or 3) –		
Thank you for	your interest in our scholarship, but you do not	qualify.		
THE FIRST TWO PAGES OF T	THIS APPLICATION FORM MUST BE TY	TED TO BE ACCEPTED		
Name:		Phone:		
Street Address:				
Student Email:	Parent Email:			
Parents' names:				
Parents' phones:				
Age:	Birthdate:			
Name of High School:				
Address of High School:				
Which accredited technical school(s) h	have you been accepted?			
Major(s)?				
	Hancock-Wood Electric Cooperative, Inc.			

Hancock-Wood Electric Cooperative, Inc. PO Box 190, North Baltimore, OH 45872-0190

Official School Transcript Must Be Attached.						

NON-SCHOOL PERSONAL ACHIEVEMENT: (Activities including church and community)

	Activity	# of Years	Remarks		
SCHOOL	ACTIVITIES PERSONAL	ACHIEVEMENT: (Suc	ch as class officer, plays, athletics, music, etc.)		
	Activity	# of Years	Remarks		
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	ENT OF APPLICANT, PAR				
			blete and accurate. In addition, we acknowledge formation contained in this application and the		
supporting	documents to the judges of the		n and to any employees of the Cooperative. Official		
School Tra	anscript <u>must</u> be attached.				
Date			Applicant's signature		
Must be or	riginal,				
	n signatures.		Parent / Guardian's Signature		

These signatures are to be affixed <u>prior</u> to forwarding the application to high school officials.

Official School Transcript Must Be Attached.

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 transcripte 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):		
List Scholastic Awards Won: (Local, county, district or sta	ite)	
Print Name:	Position:	
Signature:	Date:	
Attachments:		
One teacher recommendation no longer than 500	words	
Official School Transcript		
One recent photo of the applicant (must be jpeg att	achment)	