

Your Touchstone Energy® Cooperatives

Scholarship for Children of Members Application Form 2020

In cooperation with

Guernsey-Muskingum Electric Cooperative, Inc.

Applications must be submitted to **Guernsey-Muskingum Electric Cooperative**, **Inc.**

Deadline Date: Friday, February 7, 2020

1) Are your parents/guardians permaner	t residential members of Guernsey-	No			
Muskingum Electric 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 5)?					
•	answered Yes to question 3) –				
·	iterest in our scholarship, but you do not qualify.				
THE FIRST TWO PAGES OF THIS A	APPLICATION FORM MUST BE TYPED TO BE	E ACCEPTED.			
Name:	Phone:				
Street Address:					
Township, City, State, Zip:					
Student Email:	Parent Email:				
Parents' names:					
	Birthdate:				
Name of High School:					
By which college(s) or accredited technical so	chool(s) have you been accepted?				
Major(s)?					
Official School Transcript Must Be Attached.					
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Guernse	y-Muskingum Electric Cooperative, Inc.				

17 S. Liberty St., New Concord, OH 43762-1299

OHIO'S ELECTRIC COOPERATIVES, INC. – 2020 SCHOLARSHIP FOR CHILDREN OF MEMBERS

	Activity	# of Years	Remarks
CHOOL ACTI	IVITIES PERSONAL A	ACHIEVEMENT: (Such as c	lass officer, plays, athletics, music, etc.)
ist the most pres		pated in during your high school	
	Activity	# of Years	Remarks
ERSONAL AC	CHIEVEMENT: (Other)	
			escribe your past achievements, including
ny work experie	nce:		
	Activity	# of Years	Remarks
LATEMENT (OF APPLICANT. PAR	ENT OR GUARDIAN	
	OF APPLICANT, PAR		
Ve have examin	ed this application and the	ne records are true, complete a	
Ve have examined agree that the	ed this application and the Cooperative and Ohio'	ne records are true, complete a s Electric Cooperatives, Inc. m	ay disclose any or all of the information
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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			