



GMEC Scholarship in Honor of Jerry Kackley

In cooperation with

The Muskingum County Community Foundation

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

Deadline Date: *February 5, 2021*

1) Have you received a “Full Ride” scholarship to the school of your choice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Are your parents/guardians permanent residential members of <u><i>Guernsey-Muskingum Electric Cooperative, Inc.?</i></u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

THE FIRST TWO PAGES OF THIS APPLICATION FORM MUST BE TYPED TO BE ACCEPTED.

Name: _____ Phone: _____

Address : _____

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)?

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

Give years of membership and outstanding activities in which you have participated as a leader.

Activity	# of Years	Remarks

SCHOOL ACTIVITIES PERSONAL ACHIEVEMENT: *(Such as class officer, plays, athletics, music, etc.)*

List the most prestigious activities participated in during your high school attendance.

Activity	# of Years	Remarks

PERSONAL ACHIEVEMENT: *(Other)*

List all other activities heretofore not mentioned which will more fully describe your past achievements, including any work experience:

Activity	# of Years	Remarks

STATEMENT OF APPLICANT, PARENT OR GUARDIAN

We have examined this application and the records are true, complete and accurate. In addition, we acknowledge and agree that the Cooperative and Ohio’s Electric Cooperatives, Inc. may disclose any or all of the information contained in this application and the supporting documents to the judges of the scholarship competition and to any employees of the Cooperative or of Ohio’s Electric Cooperatives, Inc. **Official School Transcript must be attached.**

Date

Applicant’s signature

*Must be original,
handwritten signatures.*

Parent / Guardian’s Signature

These signatures are to be affixed prior to forwarding the application to high school officials.

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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 Principal or Counselor.

SCHOLASTIC RECORD

High school scholastic record by years: **Attach transcript of applicant's grades signed by school official.**

Applicant's information must be confined to the official application form.

Since grade point scales vary by district, please provide a brief explanation of your school's grade point scale (e.g. "out of a possible 4.0") or include a copy and /or description of the scale with the transcript.

Class Rank: Junior Year _____/_____ Class Rank: Senior Year _____/_____

Cumulative Grade Point Average: _____ **(3.0 or above)**

ACT Composite (if applicable): _____

SAT Composite (if applicable): _____

List Scholastic Awards Won: *(Local, county, district or state)*

Print Name: _____ Position: _____

Signature: _____ Date: _____

Attachments:

One Letter of Recommendation

Official School Transcript

Essay