



Scholarship Application

Application Deadline • April 1

Contact Information

**Consolidated Cares
573-581-3630
ConsolidatedCares@consolidatedelectric.com**



Consolidated Cares

SCHOLARSHIP APPLICATION FORM

This application form is to be used by any high school senior living in the Consolidated Electric Cooperative service territory wishing to be considered for the Consolidated Cares educational scholarship.

(Please Print)

Applicant's Full Name _____ Birth Date _____

Home Address _____ Phone _____

City _____ State _____ Zip _____ County _____

Email _____

High School Attended _____ Home School Assoc. _____

Parent/Guardian's Name _____ Date _____

Application Criteria

It is required that all applicants:

1. Applicant's primary residence must be served by Consolidated Electric Cooperative.
2. Plans to further their education by attending a trade, technical, community college or university.
3. Provide a copy of their high school transcript.
4. Complete a one-page essay.
5. Consolidated Electric Cooperative employee and director children, grandchildren or family members are not eligible to apply for this scholarship.

Please provide the Consolidated Cares Board of Trustees with all information requested. It is important to note that all information and materials provided become part of the permanent record of the Board and will not be returned to the candidate.

A. ACADEMICS

The Board will review your transcript and last grade report. This information will be automatically added to your application.

1. Please note any academic honors or recognition(s) you have already received.

B. EXPERIENCE

In the spaces below, please list any paid jobs or volunteer positions which you have held during the past three years.

Name of Employer or Organization	Job Title/ Description	Estimated Hours Worked	Name of Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. ACTIVITIES

In the spaces provided below, please list any activities, teams or organizations of which you have been a member while a high school student.

Name of team/activity/organization	Name of coach/sponsor
_____	_____
_____	_____
_____	_____
_____	_____

D. REFERENCES

Please list the names of three (3) non-family members who know you well and have agreed to serve as reference for you.

<u>Name</u> (Please Print)	<u>Relation to you</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. GENERAL INFORMATION

The information requested below is necessary to assist the Board in determining your eligibility. Please note that false or inaccurate information given in this section will be reason to disqualify an applicant from further scholarship consideration.

1. What trade, technical, college or university do you plan to attend?

2. What is your intended vocational emphasis or major field of study?

3. What educational and/or career plans beyond the undergraduate or vocational school level do you have?

4. List any scholarships you have received to date.

F. SHORT ESSAY

Please attach a typed, double-spaced, one-page essay explaining why you have elected to pursue your chosen field of study.

G. SIGNATURE

The signatures below certify that, to the best of our knowledge, all information contained herein is correct. Should it be discovered that any false or misleading information has been given, we understand that this application will be disqualified.

We also understand that any scholarship awarded can be jeopardized by the student's actions until the end of the school year which officially ends at the close of their class graduation ceremony. The Consolidated Cares Board reserves the right to withhold any scholarship award because of any violation of any action which they deem inappropriate.

Applicant Signature

Date

Parent/Guardian Signature

Date

H. SUBMITTAL

Prior to April 1, please submit this application, your transcript and essay to:

Consolidated Cares
P.O. Box 540
Mexico, MO 65265
Email: ConsolidatedCares@consolidatedelectric.com