

STUDENT DATA:

1. Full Name: Last _____ First _____ Middle _____
2. Date of Birth _____ Telephone _____
3. Email: _____
4. Address: _____
(Number and Street) (City) (Zip)
5. Family's Eau Claire Energy Cooperative Account Number: _____
(obtain from your monthly energy bill)
6. Please complete the following information applicable to your situation:
Parent Name _____ Occupation _____
Parent Name _____ Occupation _____
Guardian _____ Occupation _____
Spouse, if applicable _____ Occupation _____
7. Number of children living at home under 18 years of age, or in college: _____

EDUCATION:

1. Name of high school or post-secondary school you presently attend _____
2. Graduation Date _____
3. Overall Grade Point Average _____
(attach a copy of your high school or post-secondary school grade transcript)
4. Activities outside of classroom work in which you have actively participated. List notable achievements:

5. Education Plans: List the post-secondary school that you plan to attend and your course of study
(Major/Minor)

6. Type of work or position you are presently interested in after graduation from post-secondary school

7. Please furnish any additional information you would like which you feel may help you attain this scholarship. Perhaps information about yourself and your family interests, hobbies, recreational activities, summer or after-school jobs, etc.

8. State in detail how you plan to finance your post-secondary education.

I authorize the committee members of the Scholarship Committee to review my scholastic records.
(If student is a minor, parent/guardian must sign.)

(Signature of Student)

(Signature of Parent/Guardian)

Date _____

APPLICANT - DO NOT WRITE BELOW THIS LINE

SCHOLARSHIP COMMITTEE RECOMMENDATION

STUDENT'S NAME _____

SCHOOL _____

COMMENTS _____

INDICATE SELECTION CHOICE: 1ST CHOICE _____ ALTERNATE _____

DOES YOUR SCHOOL HAVE AN AWARDS CEREMONY? YES ___ NO ___

IF SO, WHEN IS YOUR SCHOOL'S AWARD CEREMONY? DATE _____

TIME _____ LOCATION _____

WHO SHOULD EAU CLAIRE ENERGY COOPERATIVE CONTACT IF MORE INFORMATION IS NEEDED?


TITLE _____ TELEPHONE _____

SIGNATURE OF SCHOLARSHIP COMMITTEE MEMBER _____

(Please print name) _____

SCHOLARSHIP COMMITTEE EMAIL _____



Your Touchstone Energy® Partner 

PO Box 368 Fall Creek, WI 54742-0368
715-832-1603 • 800-927-5090