



**POWERING THE  
AMERICAN SPIRIT**

**\$750**

**FEDERATED YOUTH FOUNDATION SCHOLARSHIP AWARD**

OFFERED BY EAU CLAIRE ENERGY COOPERATIVE

**2019**



***Eau Claire Energy  
Cooperative***

Your Touchstone Energy® Partner 

PO Box 368 Fall Creek, WI 54742-0368

715-832-1603

[www.ecec.com](http://www.ecec.com)



# \$750

## FEDERATED YOUTH FOUNDATION SCHOLARSHIP AWARD

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### APPLICATION DEADLINE January 4, 2019

A scholarship application form must be completed and returned to the high school, college, technical college or other post-secondary school student office (whichever applies) on or before January 4, 2019. ***Do not submit the application to Eau Claire Energy Cooperative.***

### SELECTION CRITERIA:

1. The student's family must be a member of Eau Claire Energy Cooperative and currently receive ECEC energy service at their residence.
2. The scholarships should be awarded to qualifying students who would not otherwise receive scholarships from other sources.
3. The student must display average or above average academic records.
4. The student must display the potential to continue achievement in a post-secondary public or private college, university junior college or vocational school program.

### SELECTION OF STUDENTS:

Each school's Scholarship Committee will select one first choice recommendation and an alternate recommendation, and include the following:

- Application form
- Photo of the student (if available at that time)
- Comments to support the nomination of that student

### The Scholarship Committee must submit the above information no later than February 8, 2019 to:

Eau Claire Energy Cooperative  
ATTN: Scholarship Coordinator  
8214 Hwy 12  
PO Box 368  
Fall Creek, WI 54742



### QUESTIONS:

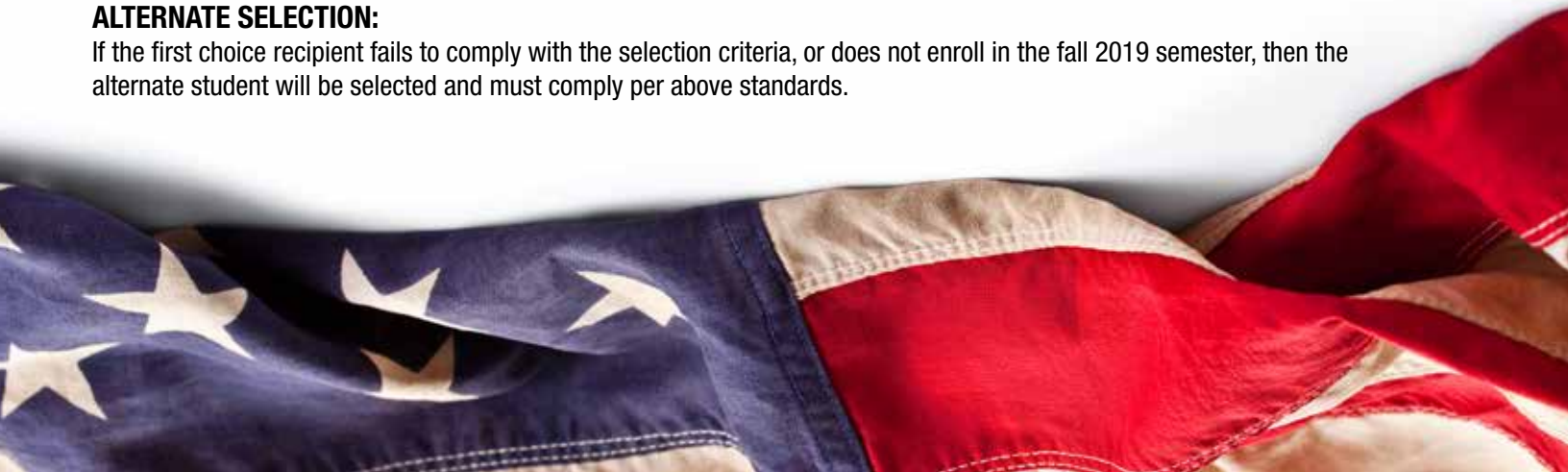
Please contact the Scholarship Coordinator at Eau Claire Energy Cooperative at 715-836-6461.

### MONETARY DISBURSEMENT:

The student scholarship recipient will receive the funds after s/he has registered for one semester as a student in the year 2019-2020. The funds are requested from the Federated Youth Foundation after the student provides Eau Claire Energy Cooperative with a copy of their registration that shows course enrollment for that semester.

### ALTERNATE SELECTION:

If the first choice recipient fails to comply with the selection criteria, or does not enroll in the fall 2019 semester, then the alternate student will be selected and must comply per above standards.



**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:  
Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Mother's 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.

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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**

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**SCHOLARSHIP COMMITTEE RECOMMENDATION**

STUDENT'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

COMMENTS \_\_\_\_\_

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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 \_\_\_\_\_

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