

Adams Electric Cooperative Adult Scholarship

2009 Application

Please print all information

Last _____ First _____ Middle _____ Male _____
 Female _____

Mailing address: _____
 Number/Street _____ City/State _____ Zip Code _____

Email address: _____

Home phone: (_____) _____ Date of birth: _____ / _____ / _____
 Area code _____ Month _____ Day _____ Year _____

Are you currently employed? YES NO Current employer: _____
 City, State _____

Name of high school: _____ Graduation Year: _____
 City, State _____ Year GED earned: _____

Cooperative District (circle one) _____ Adams Electric Cooperative account number _____
 Gettysburg Shippensburg York

X _____
Applicant's signature _____ Date signed _____

Signing this application gives cooperative staff permission to view your account information and history to verify your membership in good standing of at least one year and confirms the veracity, to the best of your knowledge, of the information provided in your application.

If you are a member and your name does not appear on your bill, call the cooperative to have your name added before submitting your application.

Include	<input type="checkbox"/> You must furnish a copy of your high school diploma or GED . <input type="checkbox"/> You must include a copy of your acceptance letter into the program you will attend OR <input type="checkbox"/> a copy of your current transcript . <input type="checkbox"/> You must include a head and shoulders photo of yourself to include in publications.
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Application deadline	This application, all required copies and photo must be received together at Adams Electric Cooperative at the address below by Friday, August 14, 2009 .
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Mail application, questionnaire, copies and photo to:

Cindy Brant - Scholarship
 Adams Electric Cooperative
 P.O. Box 1055
 Gettysburg, PA 17325-1055

If you have any questions, please contact Cindy Brant (cindyb@adamsec.coop) or at 717-334-9211.

Name _____

Adams Electric Cooperative Adult Scholarship

Application Questionnaire

Please print or type

1. What college or trade school will/do you attend?

Name: _____

Address: _____

City, State: _____

2. Is the program accredited? *(circle)* Yes No

By what accrediting body? _____

3. When did/will you begin the program? month: _____ year: _____

When will you complete the program? month: _____ year: _____

Do you plan to attend *(circle)* full time part time

4. Estimated cost of entire program *(include tuition, books, supplies)* : _____

Is any of this cost reimbursed by your employer? *(circle)* Yes No

if Yes, explain: _____

5. What degree/certification/licensure will you gain from this program?

Complete questions 6, 7 and 8 in separate essays of 50-250 words each, type preferred, and attach to this application.

6. What do you plan to do upon completing this program?

7. What do you do with your time outside of work and school?

(Community involvement, family, etc.)

8. Why do you deserve an Adams Electric Cooperative Adult Scholarship?