

**Ohio Rural Electric Cooperatives, Inc.**  
**Touchstone Energy® Achievement Scholarship**  
**2014 Application Form**

In cooperation with \_\_\_\_\_  
(Cooperative)

Date: \_\_\_\_\_

**Official School Transcript Must Be Attached.**

**APPLICATION FORMS MUST BE TYPED OR CLEARLY PRINTED**

(Forms must be mailed to your Cooperative when completed.)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Are your parents/guardians members of an electric cooperative?                      Yes                      No

Do your parents live in the service area of the electric cooperative?                      Yes                      No

Name of school and where located: \_\_\_\_\_

Age: \_\_\_\_\_      Date of birth: \_\_\_\_\_      Gender:      Male                      Female

By what college or accredited technical school have you been accepted?

\_\_\_\_\_

Have you received a "full ride" scholarship to the school of your choice?                      Yes                      No

**CHARACTER:**

Give name, address, telephone number and position of the independent sponsor who wrote your Letter of Recommendation. (Attach letter to this form.) **Give the letter writer the attached guidelines to follow when writing this letter.**

Name of Sponsor \_\_\_\_\_

Address: \_\_\_\_\_      Telephone number: \_\_\_\_\_

Organization: \_\_\_\_\_      Position: \_\_\_\_\_



**SPECIAL ACHIEVEMENTS:**

List the special achievements accomplished during your high school years either related to school activities or other than school activities.

ACTIVITY	NO. OF YEARS	REMARKS

**SPECIAL ACHIEVEMENTS:** (other)

List of other accomplishments that show leadership skills, citizenship achievements, work skills or unique challenges overcome to achieve an education:

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Were there barriers that made it difficult for you to achieve your goals? If so, discuss them. (Confine information to application.)

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**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 Rural Electric Cooperatives, Inc. may disclose any or all of the information contained in this application and its supporting documents and letters of recommendation and nomination, or otherwise provided in connection with this application, to the judges of the scholarship competition and to any employees of the Cooperative or of Ohio Rural Electric Cooperatives, Inc.

**Official School Transcript Must Be Attached.**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Applicant)

Signed: \_\_\_\_\_

(Parent or Guardian)

**(Bottom of page to be filled out by judges)**

**COOPERATIVE KNOWLEDGE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL POINTS:**

\_\_\_\_\_ Scholastic Record  
\_\_\_\_\_ Personal Achievement  
\_\_\_\_\_ Personal Interview  
\_\_\_\_\_ Cooperative Knowledge

ATTACH SMALL  
SCHOOL PHOTO  
HERE, IF  
AVAILABLE

**Official School Transcript Must Be Attached.**

\_\_\_\_\_  
Student's Signature