



Choptank Electric Trust, Inc.

P.O. BOX 426, Denton MD 21629
1-877-892-0001 EXT. 8660

Email: trust@choptankelectric.coop
Fax: 410-479-1333

Scholarship Application

Applications received after March 1 or incomplete will not be considered.

Please complete both pages of this application. Please type or print clearly with black or blue pen.

ELIGIBILITY: Student must be a graduating high school or home schooled senior, graduating junior, or first semester graduating senior. Parent or legal guardian cosigning must be a current Choptank Electric Cooperative member or employee. Chosen participants will receive award letters by the second week of May.

PERSONAL INFORMATION

Name of Applicant: _____
First Middle Last

Name of Parent or Guardian: _____
First Middle Last

Address: _____
Street or P.O. Box City State Zip Code County

Choptank Electric Account: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Name of High School: _____

Name of School Applicant Plans to Attend: _____

Future Field of Study: _____

List extracurricular activities; include any leadership roles. *Attach additional pages as needed.* _____

List participation in community activities. *Attach additional pages as needed.* _____

Applicant Signature

Date

Parent or Legal Guardian Signature

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Financial Information

Parents or Legal Guardians Place of Employment & Job Title:

Adjusted Gross Income of Parents or Legal Guardians on most recent IRS form 1040:

List All Dependent Children in the Household. *Attach additional pages as needed.*

Name: _____ Age: _____
First Middle Last

Currently Attending College? _____ If Yes, Name of Institution: _____

Name: _____ Age: _____
First Middle Last

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Name: _____ Age: _____
First Middle Last

Currently Attending College? _____ If Yes, Name of Institution: _____

List all other expected financial aid or scholarships and the amounts:

Explain your need for this scholarship:

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Academic Information

Applications received after March 1 or incomplete will not be considered.

This form must be completed by the applicant's guidance counselor or other appropriate school official and forwarded to: Choptank Electric Trust Scholarship, ATTN: Marilyn Cook, P.O. Box 426, Denton, MD, 21629.

Name of Applicant: _____
First Middle Last

Counselor's Recommendation:

How would you rate the applicant's overall performance as a student (including honors)?

High: _____ Average: _____ Low: _____

How would you rate the applicant's potential for success in college/technical school?

High: _____ Average: _____ Low: _____

How would you rate the applicant's involvement in school/community activities/services?

High: _____ Average: _____ Low: _____

Academic Performance. *Please provide the following information along with a transcript of grades.*

Grade average: _____ Verbal SAT score: _____ Math SAT score: _____

Comments:

Counselor Name (Print)

Counselor Signature

Name of School: _____

Date: _____

Contact Number: _____

Email: _____

Choptank Electric Trust Scholarship Application Checklist

Check off each item as you complete it for the complete scholarship application. Incomplete applications will not be considered.

- Application form (including guidance counselor portion)

- Essay (limited to two typed, double-spaced pages on the following topic: *“Why I have chosen to continue my education and how this scholarship will assist me.”*)

- Official transcript (sealed)

- Letters of Reference (up to three)