



# Choptank Electric Trust, Inc.

P.O. BOX 426, Denton MD 21629

Email: trust@choptankelectric.coop

1-877-892-0001 EXT. 8660

Fax: 410-479-5594

## Scholarship Application

**Applications received after February 28th 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 ZipCode County*

Choptank Electric Account : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Applicant Plans to Attend (Check one): Technical School \_\_\_\_\_ College or University \_\_\_\_\_

Name of College/Technical School Applicant Plans to Attend: \_\_\_\_\_

Future Field of Study: \_\_\_\_\_

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

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

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

# Choptank Electric Trust Scholarship Application

## Financial Information

Parents or Legal Guardians Place of Employment & Job Title:

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

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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*

Currently Attending College? \_\_\_\_\_ If Yes, Name of Institution: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Last*

Currently Attending College? \_\_\_\_\_ If Yes, Name of Institution: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Last*

Currently Attending College? \_\_\_\_\_ If Yes, Name of Institution: \_\_\_\_\_

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

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Explain your need for this scholarship:

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# Choptank Electric Trust Scholarship Application

## Academic Information

***Applications received after February 28th 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:

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\_\_\_\_\_  
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)