



Choptank Electric Trust, Inc.

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

E-mail: trust@choptankelectric.coop
Fax: 410-479-1333

Choptank Electric Trust Scholarship Application

Applications received after the deadline 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: _____ How Did You Learn About the Trust Scholarship? _____

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

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 & the amounts:

Explain your need for this scholarship:

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Academic Information

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This form must be completed by the applicant's guidance counselor or other appropriate school official and forward-ed 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: