



Name of High School _____

Name of Student _____
First MI Last

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

Parent's/Guardian's Name _____

Ozarks Electric Account Number _____

Principal's Name _____

Counselor's Name _____

College You Plan to Attend _____

Major _____

College Entrance Exam Score (ACT or ACT) _____

Cumulative High School GPA (*excluding spring semester of senior year*) _____

Extra Curricular Activities, Organizations, Clubs (*years of involvement, any offices held*)

Honors and Awards:

Community or Other Activities:

Work Activities: Are you currently employed? Yes _____ No _____

If yes, what type of work and how many hours per week?

Are you receiving assistance for your education through any other fund or have you received other scholarships to date? _____ If so, please list below:

Please give a short statement as to why you are applying for this scholarship, and what attending college would mean to you:

TO THE STUDENT:

A SIGNATURE OF APPROVAL BY YOUR PRINCIPAL OR COUNSELOR IS REQUIRED.
Incomplete or late applications will not be considered.

One or two letters of recommendation.

****DEADLINE: Please have your application turned into Ozarks Electric by 5 p.m. on April 15. If that date falls on a weekend, then by the following Monday.****

Approved _____ Date _____
Signature of Principal or Counselor

Please return completed application to:

Scholarship Committee
Ozarks Electric Cooperative
PO Box 848
Fayetteville, AR 72702-0848