

SCHOLARSHIP APPLICATION

Due March 29, 2024

Email to: asee@cvrec.com

	First Name:	
Address:	City/State/Zip:	
Student's Phone Number:	Student's Email:	
Parent(s)/Guardian(s):		
Parent(s)/Guardian(s) Phone Numbers: _	&	
Name of High School:		GPA
High School Counselor Name:	Counselor Email:	
Name of college/vocational school you pl	an to attend:	
Major or course of study you plan to purs	sue:	
Please attaci	h additional sheets, if necessary, for the following questions.	
What academic honors have you received	d in high school? List honors and years.	
HONORS/YEARS	HONORS/YEARS HONOR	S/YEARS
HONORS/YEARS What High School extra-curricular activity		
	ties have you participated in? ACTIVITY/YEARS ACTIVIT	TY/YEARS
What High School extra-curricular activi ACTIVITY/YEARS	ties have you participated in? ACTIVITY/YEARS ACTIVIT	TY/YEARS
What High School extra-curricular activi ACTIVITY/YEARS	ties have you participated in? ACTIVITY/YEARS ACTIVIT e you involved in outside of school? List groups and years.	TY/YEARS
What High School extra-curricular activity ACTIVITY/YEARS What types of groups or organizations ar GROUPS/YEARS	ties have you participated in? ACTIVITY/YEARS ACTIVIT e you involved in outside of school? List groups and years.	S/YEARS

On an attached piece of paper prepare a typed essay of 500-600 words describing who **EMPOWERS** you. Tell us who the person is that empowers you, why and how you will strive to empower others.

Scholarship Check List

- ☐ Completed Application
- ☐ Typed Essay
- ☐ Transcripts

Mail to: Chariton Valley Electric Cooperative Attn: Scholarships

PO Box 486 Albia, IA 52531