2021 Callaway Electric Community Foundation Scholarship

Scholarship Guidelines:

Eligibility:

- 1. Recipients must reside within the counties of Callaway, Montgomery, Boone, Audrain, Warren, Cole, Osage, and Gasconade in Missouri.
- 2. Recipients must be a graduating senior who plans to attend an accredited college, university, or other postsecondary institution (trade or technical) within the United States.
- 3. Recipients must demonstrate evidence of financial need.
- 4. The application must be typed and completed in full. Applications that are not completed in full will not be considered.

Requirements:

- 1. Applicants must submit the following information with their application to receive consideration for a Callaway Electric Community Foundation scholarship.
 - a. Completed Scholarship Application
 - b. High School Transcript
 - c. One signed letter of recommendation from adult, non-family member (employer, teacher, mentor, club sponsor, coach, etc.)
- 2. Applications will be rated based on the following criteria:
 - a. Scholastic achievement
 - b. Community service and/or work experience
 - c. Leadership activities
 - d. Career and life goals
 - e. Financial need

Additional Guidelines:

- 1. Scholarship funds will be disbursed directly to the college or university the recipient attends.
- 2. Students must attend the institution on a full time bases. Failure to qualify as full time will result in forfeit of the funds. Students must request written verification of eligibility from his or her educational institution.
- 3. Scholarships are nonrenewable.

The application is due in the Callaway Electric Cooperative office on April 1, 2021 by 4:30 p.m.

Applications can be mailed to:

Callaway Electric Community Foundation Attention: Stephanie Laney P.O. Box 250 Fulton, MO 65251

If you have any further questions, please contact Stephanie Laney at (573) 826-2340.

Callaway Electric Community Foundation Scholarship

Personal Infor	mation:					
Name:	(last)	st) (first)		(middle)		
Home address:	(street)	(city)		(zip code)	(county)	
Phone Number:	(home)		(cell)			
Email address (r	not a school email):					
Family Status:						
Parent/Guardia	n names:					
Parent/Guardia	n address (if different):	(street)	(city)	(zip code)	(county)	
How many child	ren in current househo	old (List Names &	Ages):			
How many child	ren in household atter	nding college this	fall (List Names a	& Ages):		
High School In	formation:					
Name of Attend	ing High School:					
GPA:	Check if Weighted	d: Graduation	n Date:	АСТ	Score:	
(Please attach a	copy of your high scho	ool transcript.)				
Post-secondar	y institution informa	ntion:				
(Name of Institution	n) (Addres	ss)	(City)	(State)	(Zip Code)	
Scholarships o	r Grants – Applied fo	or or Received:				
(Name)	(Amour	nt)	(Renewable? Y/N)		(Years)	
(Name)	(Amour	nt)	(Renewable? Y/N)		(Years)	
(Name)	(Amour	nt)	(Renewable? Y/N)		(Years)	

General Information:

Intended course of study:

How many credit hours do you plan to enroll per semester?

Describe your career plans:

Describe your community service and/or leadership activities:

List honors or awards that you have received:

Financial Information:

How do you plan to finance your education and what other sources of income will you utilize if you do not receive this scholarship?

What is the anticipated cost per year at your chosen post-secondary institution?

Other factors which influence financial need:

Please provide any additional information you think might convince the selection committee that you should be chosen to receive this scholarship.

The information contained in the application is for the purpose of obtaining funding from the Callaway Electric Community Foundation on behalf of the undersigned. The undersigned agrees that the information provided is used to determine scholarship funding, and the undersigned represents and warrants that the information provided is true and correct until a written notice of change is provided. The Callaway Electric Community Foundation is authorized to make all inquiries that are deemed necessary to verify the accuracy of the statements made herein.

Signature of Applicant: ______

Date: _____