

Applicant # _____

Luther A. Riddle
Community Scholarship Program
2018 Application for \$1,000 scholarship

**PARENT OR LEGAL GUARDIAN MUST BE A MEMBER & RECEIVE SERVICE FROM
GASCOSAGE.**

Date: _____ Email: _____

(We will use email as primary source of contact)

Full Name: _____

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please print account number and name as it appears on billing statement of parent or guardian receiving electric service:

Account#: _____ Name: _____

Permanent address of parent or guardian: _____

City: _____ State: _____ Zip: _____ Phone: _____

Relationship of parent or guardian: _____

Name of high school: _____

Name of high school counselor: _____

I affirm that to the best of my knowledge the information contained in this application is true and correct.

Signature of applicant: _____ Date: _____

Submit this application to Gascosage Electric Cooperative by FEBRUARY 21, 2018 with a 250 word essay in your own words of why you want and need the Luther A. Riddle Scholarship. Use this opportunity to indicate your major field of interest, your career plans and goals, and any additional abilities that have not been covered in this application.

Family Information:

Father's Occupation: _____

Mother's Occupation: _____

Legal Guardian's Occupation: _____

Total number of family members: _____ Number living at home: _____

Number in school: _____ Number in college or trade school: _____

Have you held a position of employment? _____

If not – please explain _____

If yes – Where (give dates) _____

Do you plan to commute from home? _____ If not, where do you plan to live? _____

Any additional information on financial need (family situation, special circumstances, etc.) _____

List other resources for your education (loans, part or full time job, parent contribution, etc.) _____

Scholastic Information:

College or University: 1st Choice: _____
Have you been accepted? _____

2nd Choice: _____
Have you been accepted? _____

Trade or Vocational School: 1st Choice: _____
Have you been accepted? _____

2nd Choice: _____
Have you been accepted? _____

Career and/or Academic Goals: _____

List other scholarships and grants for which you submitted applications and indicate if they were granted and the amount granted: _____

List high school activities and honors: _____

Honors and awards you received from other organizations: (give name of organization and nature of honor or award): _____

Other activities outside of school (community activities, clubs, organizations, church, etc.) _____

The completed application form must be returned to the applicant's principal or counselor for review.

TO BE COMPLETED BY THE PRINCIPAL OR COUNSELOR

This is to certify that the above applicant ranked _____ in a class of _____ seniors excluding the spring semester of the senior year. The applicant's cumulative high school grade point average excluding spring semester of the senior year was _____ based on a 4.0 system. Date of high school graduation will be _____. The applicant has taken the following aptitude tests.

NAME OF TEST	RAW SCORE	DATE TESTED
_____	_____	_____
_____	_____	_____

If no ACT score, please explain: _____

Please attach a copy of the applicant's high school transcript.

Please indicate courses that are considered weighted, gifted, accelerated or given special emphasis: _____

This application has been reviewed, the statements checked, and it conforms substantially with the records of the school.

Signature and Title Date

Email and phone number