1-877-892-0001 EXT. 8660 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.

_	Name of Applicant:						
PERSONAL INFORMATION	11	First		Middle		Last	
	Name of Parent or Guardian:_						
		First		Middle		Last	
	Address:						
	Street or P.0	O. Box	City	State	Zip Code	County	
	Choptank Electric Account:		_ How Did Yo	u Learn About t	he Trust Scholarship)?	
	Home Phone:	Cell Pho	one:	En	nail:		
	Name of High School:						
	Name of School Applicant Plans to Attend:						
	Future Field of Study:						
List	extracurricular activities; includ	e any leadershij	p roles. Attach add	ditional pages as i	needed		
T : _4		-: ::	1:7: 1	1 . 1			
List	participation in community activates	Vities. Attach adi	ditional pages as r	needed			
- A	Applicant Signature		Date				
_	-						

Parent or Legal Guardian Signature

Choptank Electric Trust Scholarship Application Financial Information

List All Dependent Children in the H	lousehold. Attach additional pages as	needed.	
Name:			Age: _
First	Middle	Last	
Currently Attending College?	If Yes, Name of Institution:		
Name:			Age: _
Name:	Middle	Last	
Currently Attending College?	If Yes, Name of Institution:		
Name			Age: _
Name: First	Middle	Last	
Currently Attending College?	If Yes, Name of Institution:_		
Name:	Middle	Last	Age: _
Currently Attending College?	If Yes, Name of Institution:		
ist all other expected financial aid o	r scholarships & the amounts:		
Explain your need for this scholarshi	p:		
Explain your need for this scholarshi	p:		

Choptank Electric Trust Scholarship Application Academic Information

Applications received after March 15 or incomplete will not be considered.

This form must be completed by the applicant's guidance counselor or other appropriate school official and forwarded to: Choptank Electric Trust Scholarship, ATTN: Marilyn Cook, P.O. Box 426, Denton, MD, 21629.

Name of Applicant:_	First		Middle	Last
Counselor's Recomm	nendation:			
How would you rate	the applicant's overal	l performance as a st	udent (including honors)?	
High:	Average:	Low:		
How would you rate	the applicant's potent	tial for success in coll	ege/technical school?	
High:	Average:	Low:		
How would you rate	the applicant's involv	vement in school/con	nmunity activities/services?	
High:	Average:	Low:		
	_		tion along with a transcrip Math SAT sco	
Comments:				
Counselor Name (I	rint)	Со	unselor Signature	
Name of School:		Da	te:	
Contact Number		En	ail.	

Choptank Electric Trust Scholarship Application Checklist

Check off each item as you complete it for the complete scholarship application. Incomplete applications will not be considered.
☐ Application form (including guidance counselor portion)
☐ Essay (limited to two typed, double-spaced pages on the following topic: "Whe I have chosen to continue my education and how this scholarship will assist me.")
☐ Official transcript (sealed)
☐ Letters of Reference (up to three)