



**The Frontier Power Company**

Your Touchstone Energy® Cooperative 

**OHIO'S ELECTRIC  
COOPERATIVES**

Your Touchstone Energy® Cooperatives 

**Scholarship for Children of Members Application Form 2025**

In cooperation with

*Frontier Power Co.*

Applications must be submitted to *Frontier Power Co.*

Deadline Date: *Monday, February 3, 2025*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1) Are your parents/guardians permanent residential members of <u><i>Frontier Power Co.?</i></u>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Have you received a "Full Ride" scholarship to the school of your choice?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Are members of your family, or persons residing in your household, affiliated with <b>any</b> electric cooperatives / related entities (see rule 4)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered No to question 1) and/or Yes to questions 2) or 3) –  
Thank you for your interest in our scholarship, but you do not qualify.

**THE FIRST TWO PAGES OF THIS APPLICATION FORM MUST BE TYPED TO BE ACCEPTED.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street-Address: \_\_\_\_\_

Township, City, State, Zip: \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Parents' phones: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address of High School: \_\_\_\_\_

By which college(s) or accredited technical school(s) have you been accepted?

Major(s)?

**Official School Transcript Must Be Attached.**

*Frontier Power Co.*

*770 South 2nd St. PO Box 280, Coshocton, OH 43812-0280*

**OHIO'S ELECTRIC COOPERATIVES, INC. – 2025 SCHOLARSHIP FOR CHILDREN OF MEMBERS**

**NON-SCHOOL PERSONAL ACHIEVEMENT:** *(Activities including church and community)*

Give years of membership and outstanding activities in which you have participated as a leader.

Activity	# of Years	Remarks

**SCHOOL ACTIVITIES PERSONAL ACHIEVEMENT:** *(Such as class officer, plays, athletics, music, etc.)*

List the most prestigious activities participated in during your high school attendance.

Activity	# of Years	Remarks

**PERSONAL ACHIEVEMENT:** *(Other)*

List all other activities heretofore not mentioned which will more fully describe your past achievements, including any work experience:

Activity	# of Years	Remarks

**STATEMENT OF APPLICANT, PARENT OR GUARDIAN**

We have examined this application and the records are true, complete and accurate. In addition, we acknowledge and agree that the Cooperative and Ohio’s Electric Cooperatives, Inc. may disclose any or all of the information contained in this application and the supporting documents to the judges of the scholarship competition and to any employees of the Cooperative or of Ohio’s Electric Cooperatives, Inc. **Official School Transcript must be attached.**

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant’s signature

*Must be original,  
handwritten signatures.*

\_\_\_\_\_

Parent / Guardian’s Signature

These signatures are to be affixed prior to forwarding the application to high school officials.

**Official School Transcript Must Be Attached.**

**OHIO'S ELECTRIC COOPERATIVES, INC. – 2025 SCHOLARSHIP FOR CHILDREN OF MEMBERS**

*This page may be typed or handwritten.*

Scholarship Applicant's Name: \_\_\_\_\_

*This section is to be completed by the High School Principal or Counselor.*

**SCHOLASTIC RECORD**

High school scholastic record by years: **Attach transcript of applicant's grades signed by school official.**  
Applicant's information must be confined to the official application form.

Since grade point scales vary by district, please provide a brief explanation of your school's grade point scale (e.g. "out of a possible 4.0") or include a copy and /or description of the scale with the transcript.

Class Rank: Junior Year \_\_\_\_\_ Class Rank: Senior Year \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ **(3.5 or above)**

ACT Composite (if applicable): \_\_\_\_\_

SAT Composite (if applicable): \_\_\_\_\_

List Scholastic Awards Won: *(Local, county, district or state)*


Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachments:**

One teacher recommendation no longer than 500 words

Official School Transcript

One recent photo of the applicant