The Frontier Power Company
Your Touchstone Energy® Cooperative

OHIO'S ELECTRIC COOPERATIVES
Your Touchstone Energy® Cooperatives

Scholarship for Children of Members Application Form 2027

In cooperation with
Frontier Power Co.
Applications must be submitted to *Frontier Power Co.*
Deadline Date: *Monday, February 1, 2027*

1) Are your parents/guardians permanent residential members of **Frontier Power Co.?**	☐ Yes	☐ No
2) Have you received a "Full Ride" scholarship to the school of your choice?	☐ Yes	☐ No
3) Are members of your family, or persons residing in your household, affiliated with **any** electric cooperatives / related entities (see rule 4)?	☐ Yes	☐ 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.

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OHIO'S ELECTRIC COOPERATIVES, INC. – 2027 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. – 2027 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