



*“Small Change  
that changes lives”*

**Jefferson Energy Cooperative  
Foundation, Inc.**

Post Office Box 457  
Wrens, Georgia 30833  
(706) 547-2167

**Scholarship Application**

- Check One: \_\_\_\_\_ \$4,000 - Enrolling in a four year course of study;  
\_\_\_\_\_ \$5,000 - Kenneth Cook Engineering Scholarship  
Enrolling in a four year engineering field of study;  
\_\_\_\_\_ \$2,500 - Enrolling in a 2-year community or technical college;  
\_\_\_\_\_ \$2,500 - James M. Andrew Lineman Scholarship  
Enrolling in an Electric Lineman Certification Program.

**APPLICANT INFORMATION**

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Date of Graduation \_\_\_\_\_

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

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone #: (\_\_\_\_) \_\_\_\_\_

School Counselor \_\_\_\_\_

School Counselor Direct Dial Phone Number: \_\_\_\_\_

**FAMILY INFORMATION**

Parent or Legal Guardian:

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ Phone (C) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse or Legal Guardian:

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ Phone (C) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ADDITIONAL INFORMATION**

List any partial or full scholarships you have already received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List colleges, universities or technical schools to which you have applied:

Circle One

_____	Accepted	Pending
_____	Accepted	Pending
_____	Accepted	Pending

**ATTACH REQUIRED DOCUMENTS**

- a. Two letters of recommendation;
- b. Transcripts with official signature;
- c. A comprehensive list of school and community activities, awards and accomplishments;
- d. A 500 word essay describing personal goals in life, plans for the future and plans for reaching personal goals. Applicant should also state how this scholarship award will help meet those goals.

**SIGNATURES**

*All of the information in this application is true and correct to the best of my knowledge. I understand that the Scholarship Committee reserves the right to verify all information contained herein.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Jefferson Energy Member #: \_\_\_\_\_

**INFORMATION TO BE COMPLETED BY PRINCIPAL OR GUIDANCE COUNSELOR:**

Student's Class Rank \_\_\_\_\_ Student's GPA \_\_\_\_\_

SAT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Writing \_\_\_\_\_ Total Score \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this portion of application

\_\_\_\_\_  
Date

Position \_\_\_\_\_

**NOTE: ALL INFORMATION REQUESTED ON THIS APPLICATION  
FORM MUST BE PROVIDED IN ORDER FOR THE APPLICANT TO  
BE CONSIDERED A SCHOLARSHIP CANDIDATE.**