

**Jefferson Energy Cooperative Foundation, Inc.**

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

**Scholarship Application**

***Applications are Due on or before March 24, 2023***

- 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 #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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

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

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

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

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

School Counselor E-mail: \_\_\_\_\_

**FAMILY INFORMATION**

*Parent or Legal Guardian:*

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

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

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

Email: \_\_\_\_\_

*Spouse or Legal Guardian:*

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

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

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

Email: \_\_\_\_\_

**ADDITIONAL INFORMATION**

List any partial or full scholarships you have already received:

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



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

**Students who have not taken the SAT or ACT may apply with their GPA for consideration.**

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

**Provide one of the following:**

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

ACT Scores: Math \_\_\_\_\_ English \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ 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.**