



Carroll Electric Cooperative Corporation

Committed to improving the quality of life in our communities by supporting the next generation of leaders.

2020 Scholarship Application

(Please print or type)

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Student's e-mail address _____

Student's Cell Phone _____ Home Phone _____

Parent/Guardian name(s) _____

Are your parents/guardian(s) members of Carroll Electric Cooperative? Yes No

Name of your school (or home school) _____

School Address _____

Grade level _____ Grade Point Average _____ Favorite subject _____

For the following sections, Attach Extra Pages as Necessary

Extracurricular activities _____

Hobbies _____

Career goals _____

Please add any comments and/or information you feel are relevant to your application for this scholarship
