

# Children of Members Scholarship Application 2026



Applications must be submitted to Consolidated Cooperative Deadline: **Friday, February 13**

## Qualification Questions

*If you answer "No" to Question 1 or 2, and/or if you answer "Yes" to questions 3 or 4, you do not qualify for our Children of Members Scholarship. Thank you for your interest!*

1. Are your parents/guardians permanent residential members of Consolidated Cooperative?  
☐ Yes ☐ No
2. Are you able to attend the scholarship interview competition at Ohio's Electric Cooperatives in Columbus on April 7? (Details are on our website).  
☐ Yes ☐ No
3. Have you received a "full-ride" scholarship to the school of your choice?  
☐ Yes ☐ No
4. Are members of your family, or persons residing in your household, affiliated with any electric cooperatives/related entities.  
☐ Yes ☐ No

## Applicant Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Township \_\_\_\_\_ City \_\_\_\_\_

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

Student's Email \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Parent's or Guardian's Email Address \_\_\_\_\_

Parent's or Guardian's Phone number \_\_\_\_\_

Consolidated Cooperative Account Number \_\_\_\_\_

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Age \_\_\_\_\_ Birth Date \_\_\_\_\_

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

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

By which college(s), universities, accredited technical schools or vocational programs have you been accepted? \_\_\_\_\_  
\_\_\_\_\_

What is your planned area of study or training? \_\_\_\_\_  
\_\_\_\_\_

***Please note, your official school transcript must be attached.***

## Involvement and Achievements

Please fill out the following sections to demonstrate your involvement and achievements. Make sure to include the number of years you have been involved, and any noteworthy accomplishment or leadership role earned.

**Community Involvement:** Including service, community engagement, religious or other organizational involvement.

Activity \_\_\_\_\_ Year(s) \_\_\_\_\_

Comments \_\_\_\_\_

Activity \_\_\_\_\_ Year(s) \_\_\_\_\_

Comments \_\_\_\_\_

Activity \_\_\_\_\_ Year(s) \_\_\_\_\_

Comments \_\_\_\_\_

**Extracurricular Activities:** School-sanctioned activities including athletics, fine arts,

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student leadership, etc.

Activity \_\_\_\_\_ Year(s) \_\_\_\_\_

Comments \_\_\_\_\_

Activity \_\_\_\_\_ Year(s) \_\_\_\_\_

Comments \_\_\_\_\_

Activity \_\_\_\_\_ Year(s) \_\_\_\_\_

Comments \_\_\_\_\_

**Personal Achievements:** Work experience, or any other achievements not included in the sections above.

Activity \_\_\_\_\_ Year(s) \_\_\_\_\_

Comments \_\_\_\_\_

Activity \_\_\_\_\_ Year(s) \_\_\_\_\_

Comments \_\_\_\_\_

Activity \_\_\_\_\_ Year(s) \_\_\_\_\_

Comments \_\_\_\_\_

## 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.**

**This page may be typed or handwritten.**

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

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

**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)

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

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

## Attachments

- ☐ One teacher recommendation no longer than 500 words
- ☐ Official School Transcript
- ☐ One recent photo of the applicant