



# Choptank Electric Trust, Inc.

P.O. BOX 426, Denton MD 21629  
1-877-892-0001 EXT. 7733

E-mail: laurieb@choptankelectric.coop  
Fax: 410-749-9806

## Choptank Electric Trust Scholarship Application

*Applications received after the deadline or incomplete will not be considered*

*Please complete both pages of this application. Please type or print clearly with black or blue pen.*

**ELIGIBILITY:** Student must be a graduating high school or home schooled senior, graduating junior, or first semester graduating senior. Parent or legal guardian cosigning must be a current Choptank Electric Cooperative member or employee. Chosen participants will receive award letters by the second week of May.

**PERSONAL INFORMATION**

Name of Applicant: \_\_\_\_\_  
*First Middle Last*

Name of Parent or Guardian: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street or P.O. Box City State Zip Code County*

Choptank Electric Account: \_\_\_\_\_ How Did You Learn About the Trust Scholarship? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of School Applicant Plans to Attend: \_\_\_\_\_

Future Field of Study: \_\_\_\_\_

List extracurricular activities; include any leadership roles. *Attach additional pages as needed.* \_\_\_\_\_

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

List participation in community activities. *Attach additional pages as needed.* \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

# Choptank Electric Trust Scholarship Application

## Financial Information

Parent or Legal Guardian Place of Employment & Job Title:

---

---

Adjusted Gross Income of Parent or Legal Guardian on most recent IRS form 1040:

---

List All Dependent Children in the Household. *Attach additional pages as needed.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Last*

Currently Attending College? \_\_\_\_\_ If Yes, Name of Institution: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Last*

Currently Attending College? \_\_\_\_\_ If Yes, Name of Institution: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Last*

Currently Attending College? \_\_\_\_\_ If Yes, Name of Institution: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Last*

Currently Attending College? \_\_\_\_\_ If Yes, Name of Institution: \_\_\_\_\_

List all other expected financial aid or scholarships & the amounts:

---

---

---

---

---

Explain your need for this scholarship:

---

---

---

---

---

---

---

# Choptank Electric Trust Scholarship Application

## Academic Information

*Applications received after the deadline or incomplete will not be considered*

This form must be completed by the applicant's guidance counselor or other appropriate school official and forwarded to: Choptank Electric Trust Scholarship, ATTN: Laurie Bireley, P.O. Box 426, Denton, MD, 21629.

Name of Applicant: \_\_\_\_\_  
*First Middle Last*

Counselor's Recommendation:

How would you rate the applicant's overall performance as a student (including honors)?

High: \_\_\_\_\_ Average: \_\_\_\_\_ Low: \_\_\_\_\_

How would you rate the applicant's potential for success in college/technical school?

High: \_\_\_\_\_ Average: \_\_\_\_\_ Low: \_\_\_\_\_

How would you rate the applicant's involvement on school/community activities/services?

High: \_\_\_\_\_ Average: \_\_\_\_\_ Low: \_\_\_\_\_

Academic Performance. *Please provide the following information along with a transcript of grades.*

Grade average: \_\_\_\_\_ Verbal SAT score: \_\_\_\_\_ Math SAT score: \_\_\_\_\_

Comments:

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Counselor Name (Print)

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Name of School:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Contact Number:

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