

Scholarship for Children of Members Application Form 2026

In cooperation with

Hancock-Wood Electric Cooperative, Inc.

Applications must be submitted to <u>Hancock-Wood Electric Cooperative</u>, <u>Inc.</u>
Deadline Date: <u>Monday</u>, <u>February 9</u>, <u>2026</u>

Yes	No
Yes	No
Yes	No
or 3) –	
qualify.	
PED TO BE A	
	Yes Yes or 3) – qualify. PED TO BE A

Hancock-Wood Electric Cooperative, Inc. PO Box 190, North Baltimore, OH 45872-0190

Official School Transcript Must Be Attached.						
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OHIO'S ELECTRIC COOPERATIVES, INC. – 2026 SCHOLARSHIP FOR CHILDREN OF MEMBERS

·	Activity	g activities in which you have p	Remarks
		ACHIEVEMENT: (Such as calculated in during your high school	ass officer, plays, athletics, music, etc.)
List the most p	Activity	# of Years	Remarks
	· · · · · · · · · · · · · · · · ·		
List all other ac	rience:	tioned which will more fully de	escribe your past achievements, including
List all other ac	ctivities heretofore not men	tioned which will more fully de	
List all other ac	ctivities heretofore not men		escribe your past achievements, including Remarks
List all other ac	ctivities heretofore not men	tioned which will more fully de	
List all other ac	ctivities heretofore not men	tioned which will more fully de	
List all other ac	ctivities heretofore not men	tioned which will more fully de	
List all other ac	etivities heretofore not men rience: Activity	# of Years	
STATEMENT We have exam and agree that to contained in the	T OF APPLICANT, PARImed this application and the Supplication and the su	# of Years # of Years ENT OR GUARDIAN The records are true, complete and a Electric Cooperatives, Inc. morting documents to the judges	
STATEMENT We have exam and agree that to contained in the	T OF APPLICANT, PARImed this application and the Supplication and the su	# of Years # of Years ENT OR GUARDIAN The records are true, complete and a Electric Cooperatives, Inc. morting documents to the judges	Remarks In addition, we acknowledge any disclose any or all of the information of the scholarship competition and to any

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This page may be typed or hand written.		
Scholarship Applicant's Name:		
This section is to be completed by the	he High School Prin	cipal or Counselor.
SCHOLASTIC RECORD High school scholastic record by years: Attach transcri Applicant's information must be confined to the offici Since grade point scales vary by district, please provide "out of a possible 4.0") or include a copy and /or descript	al application form. a brief explanation of	of your school's grade point scale (e.g.
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 s	rtate)	
Print Name:	Position:	
Signature:	Date:	
Attachments:		
One teacher recommendation no longer than 50	0 words	
Official School Transcript		
One recent photo of the applicant (must be jpeg a	attachment)	