

GUNNISON COUNTY ELECTRIC ASSOCIATION
ELECTRIC LINE WORKER SCHOLARSHIP PROGRAM APPLICATION

1. Name of student applying: _____
 (Last) (First)

2. Home phone #: _____ Cell phone #: _____

3. Address: _____
 (Street - Physical Location)

 (Post Office Box)

 (City) (State) (Zip)

4. Email: _____

5. Account #: _____

6. Student's Parent is a: a.) Member Cooperative Employee ____
 b.) Member Cooperative Consumer ____

7. Mother's Name: _____ Father's Name: _____

8. Name of high school from which you graduated or will graduate: _____

 Rank in high school class ____
 Number in graduating class ____
 GPA: _____.

9. Name and mailing address of accredited school you are/will be attending in the fall of the year. _____

10. What year will you be in school?
____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate Student

Are you a United States Citizen? ____ Yes ____ No

11. List all Scholarships, Grants, Loans, or Work-Study (high school & university) benefits that you have applied for.
 (year) (Name or type of award) (Amount) (Institution)

12. Please provide the following:

- A. Two letters of recommendation
- B. High School or College Transcripts
- C. SAT or ACT Test Scores.
- D. A List of High school activities.
- E. A list of community activities.
- F. A statement of other activities.
- G. Please circle which tax bracket your parents or guardian fall in:
 - 1. **AGI is \$25,000 or less** 2. **AGI is \$25,000 to \$50,000**
 - 3. **AGI is \$50,000 to \$100,000** 4. **AGI is over \$100,000**
- H. 200 word essay relating to cooperative business

11. My Educational and vocational goals are:

I understand that the information pertaining to this application and all supporting documents becomes the property of GUNNISON COUNTY ELECTRIC ASSOCIATION, INC.

I affirm that the above information and attachments are true and accurate to the best of my knowledge.

Students Signature: _____ Date: _____

AFFIDAVIT

I (we) _____ / _____ the legal parent(s) or guardian(s) of _____ in signing this document below, hereby acknowledge and affirm that the attached Federal Income Tax form 1040 or 1040A is in fact, a true and valid representation of the total income used to support the student scholarship applicant named above. In the event that I (we) prefer not to attach tax information, I understand that a low need ranking number (1) will be assigned for use in our scholarship recipient selection process. I (we) understand that this will not cause the applicant to fail to be considered for a GCEA Scholarship.

Signed: _____ / Date: _____

Signed: _____ / Date: _____

Letters and application should be attached and mailed or delivered to Gunnison County Electric Association Inc. no later than **4:30 P.M., ON FRIDAY, FEBRUARY 1, 2019**

Mail or deliver to: Logann Long
Gunnison County Electric Association, Inc.
Box 180
Gunnison, Co. 81230

GCEA PHONE NUMBER: (970) 641-3520

We gratefully acknowledge the generous support of Tri-State Electric Generation and Transmission Assoc. Inc.; Basin Electric Association; and, The Gunnison County Electric Association Board of Directors for their contributions to the GCEA Scholarship Program. The source of other scholarship funds comes from unclaimed capital credit or patronage capital refunds.