



# SCHOLARSHIP PROGRAM APPLICATION

## Agralite Electric Cooperative - Scholarship Program Application

### Scholarship Submittal Requirements

The student is responsible for submitting all materials on time. Incomplete applications will not be evaluated.

1. Complete this application (*attach additional sheets if necessary*). Your name and address should be on all attachments. Completeness and neatness ensure your application will be evaluated appropriately.
2. Scholarship is open to applicants in Agralite Electric Cooperative's four county service area – Big Stone, Pope, Stevens, and Swift counties.
3. This Scholarship is open to anyone enrolling or enrolled in post-secondary higher education from within the Agralite Electric Cooperative service area. This Scholarship is open to Agralite Electric Cooperative members, member dependents, cooperative employees, and non-members who reside within the service territory. This Scholarship is open to applicants of all ages.
4. Copy of your college entrance examination (*ACT and/or SAT*) scores and a copy of a recent school transcript. (*As applicable*)
5. **Essay**– Write a brief summary of your plans as they relate to your educational and career objectives and long-term goals.
6. Please include an applicant appraisal.
7. Send this application and all supporting documentation to Agralite Electric Cooperative.
  - Applications must be received on or before the due date.

**Applications received after the due date will not be considered for 2023 awards.**

Applicants must submit their applications to Agralite Electric Cooperative by **April 7<sup>th</sup>, 2023**.

**Mail to: Agralite Electric Cooperative, PO Box 228, Benson, MN 56215**  
**Or email to: [mchevalier@agralite.com](mailto:mchevalier@agralite.com)**

All scholarship entries are confidential and will only be viewed by the Agralite Electric Cooperative Scholarship selection committee. **Winners will be drawn at random.**

### Applicant Information

Applicant Name:		Home Phone:	College Phone:	Last 4 Digits of SSN#:	
Permanent Address ( <i>Street/PO Box</i> ):		City:	State:	Zip:	Email:
Mother's Name (If Applicable):		Father's Name (If Applicable):			
Student's Parent is:	Agralite Electric Cooperative Consumer				
	Agralite Electric Cooperative Non-Consumer				
Electric Providers Name:					
Cooperative Location ( <i>City, State, Zip</i> ):					

School Name and Address:

Activities, achievements, and/or honors:

Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. **DO NOT** repeat information already reported on the application form. Your name, address, and name of this scholarship program should be included on all attachments.

**Work Experience**

Describe your work experience (e.g. food server, babysitting, lawn mowing, and office work). Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	From (Mo/Yr)	To (Mo/Yr)	Hours per Week

**Education**

High School Students - must include a transcript and complete this section.  
Students currently or previously enrolled in college or vocational-tech schools - must include college transcripts of grades. Completion of ACT and/or SAT tests is not necessary.

GPA: \_\_\_\_\_

ACT Scores:  
English: \_\_\_\_\_ Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_ Comp: \_\_\_\_\_

SAT I Scores:  
Verbal: \_\_\_\_\_ Math: \_\_\_\_\_

**School**

Name and address of accredited school you plan to attend or are attending now:

Name	City	State

4-Yr. College or University     2-Yr. Community or Junior College     Vocational-Technical School

What will your class status be this fall?     Freshman     Sophomore     Junior     Senior

Major Course of Study: \_\_\_\_\_ Minors: \_\_\_\_\_

(Applicant Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**Applicant Appraisal (Required)**

To the applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the adult appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. **A letter of recommendation does not replace this section.**

The applicant's choice of a post-secondary educational program is:	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
The applicant's achievements reflect his/her ability:	Extremely Well	Very Well	Moderately Well	Not Well
The applicant's ability to set realistic and attainable goals is:	Excellent	Good	Fair	Poor
The quality of the applicants commitment to school and/or community is:	Excellent	Good	Fair	Poor
The applicant is able to seek, find, and use learning resources:	Extremely Well	Very Well	Moderately Well	Not Well
The applicant demonstrates curiosity and initiative:	Extremely Well	Very Well	Moderately Well	Not Well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks:	Extremely Well	Very Well	Moderately Well	Not Well
The applicant's respect for self and other is:	Excellent	Good	Fair	Poor
Comments:				
Appraiser's Name:	Title:	Organization:	Phone No.:	
(Appraiser Signature)			(Date)	