

Please mail or fax your application by June 1, 2009, to Scholarship Co-Chair Christy Overstreet, Marlboro Electric Cooperative, Inc., P.O. Drawer 1057, Bennettsville, SC 29512, fax (843) 479-8990. PLEASE TYPE OR PRINT (please add additional sheets of paper as needed)

Your Name _____

Your Electric Cooperative _____

Your Electric Cooperative Member ID Number _____

Street Address _____

City, State, Zip _____

Day Phone(____) _____ Evening Phone(____) _____ Cell Phone (____) _____

Email _____ Date of Birth _____

High School _____ Graduation Year _____

Place of Employment _____

Job Title _____

Your annual salary _____ Total household income _____

Other sources of educational financial assistance (scholarships, loans, grants) _____

Marital Status (circle one) Single Married Divorced Widowed

Names and ages of children _____

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Your name _____

Name of College where you have been accepted or where you intend to apply _____

College address & phone number:

Enrollment date: _____

Number of credit hours already completed _____ GPA _____

List the name and the amount of other funding sources that you may receive:

Approximately how much will it cost for you to attend one semester of this college for the following:

Tuition: _____ Books: _____

Other expenses: _____

Desired major or field of study _____

Community and volunteer activities _____

What are your career goals? _____

Why do you want to return to college? _____

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Your name _____

Why should we award the scholarship to you? _____

Anything else we should know about you? _____

Please mail or fax your application by June 2, 2008, to Scholarship Co-Chair Christy Overstreet, Marlboro Electric Cooperative, Inc., P.O. Drawer 1057, Bennettsville, SC 29512, fax (843) 479-8990.

I hereby authorize Women Involved in Rural Electrification (WIRE) and representatives to contact, obtain, and verify the accuracy of information contained in this application. I also hereby release from liability WIRE and its representatives for seeking, gathering, and using such information to make scholarship decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of scholarship funds.

I understand that it is the policy of this organization not to refuse or otherwise discriminate against a qualified individual with a disability because of that persons need.

I also understand that if I fail to attend school or terminate my enrollment at any time during a semester, then it is my responsibility to immediately notify the appropriate WIRE representative and I am liable for the appropriate refund of the scholarship.

I represent and warrant that I have read and fully understand the foregoing, and that I am applying for a scholarship opportunity under these conditions.

Applicant signature: _____ Date: _____