



Jackson

ELECTRIC COOPERATIVE

N6868 County Rd. F; P.O. Box 546
Black River Falls, WI 54615-0546
715-284-5385 or 1-800-370-4607
FAX: 715-284-7143

Adult Continuing Education Scholarship Application WEB SITE: www.jackelec.com

Name: _____

Primary Telephone: _____ Email: _____

Address: _____

Are you over the age of 25? Yes No

Member Number from Jackson Electric Cooperative's statement: _____

Do you have a degree from an accredited college or university? If so, what college and course of study:

List the technical college or university you plan to attend and the course of study. Is this an on-line course, credit or non-credit?

How will this scholarship benefit you in regards to career and personal enrichment:

Any additional information which you feel may help you attain this scholarship:

Student's Signature

Date