



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
WEB SITE: www.jackelec.com

Scholarship Application

Name: _____

Age: _____ Telephone: _____ Overall GPA: _____

Address: _____

Member Number from Jackson Electric Cooperative's statement: _____

Name of Parent (s) or Guardian: _____

List offices or leadership positions held in all organizations including church, school, community, etc.:

List the technical college or university you plan to attend and the course of study:

Describe your future opportunities within your chosen course of study:

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

Describe your plans to finance your post-secondary education:

Student's Signature

Date

Your Touchstone Energy® Partner

