

## OPERATION POCKET CHANGE SCHOLARSHIP APPLICATION

(Applicant must reside within Mountain Electric Cooperative's service area)

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
(Last) (First) (Middle)

EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ single \_\_\_\_\_ married: NUMBER OF CHILDREN \_\_\_\_\_

PARENTS/GUARDIANS:

NAME(S) \_\_\_\_\_

MOUNTAIN ELECTRIC COOPERATIVE ACCOUNT NUMBER \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FATHER'S EMPLOYER, HIS POSITION, ETC. \_\_\_\_\_

\_\_\_\_\_  
MOTHER'S EMPLOYER, HER POSITION, ETC. \_\_\_\_\_

\_\_\_\_\_  
FATHER AND MOTHER GROSS INCOME FOR 2008 \_\_\_\_\_

**COPY OF 2008 TAX RETURN MUST BE INCLUDED**

NUMBER OF DEPENDENT CHILDREN IN FAMILY AND AGE OF EACH \_\_\_\_\_

\_\_\_\_\_  
NUMBER IN FAMILY WHO WILL BE IN COLLEGE DURING COMING YEAR \_\_\_\_\_

LIST REASONS FOR FINANCIAL NEED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



NAME OF COLLEGE YOU PLAN TO ATTEND: \_\_\_\_\_

ANTICIPATED COURSE OF STUDY: \_\_\_\_\_

HAVE YOU SUMMITTED FOR FAFSA? \_\_\_\_\_, IF NOT, EXPLAIN WHY \_\_\_\_\_

LIST OTHER SCHOLARSHIPS APPLIED FOR AND/OR AMOUNT RECEIVED: \_\_\_\_\_

**Applicant must have two letters of recommendations from High School Principal, administrator, guidance counselor, teacher or employer. Letters of recommendations must be submitted with application.**

PERSONS WHO PROVIDE LETTERS OF RECOMMENDATIONS:

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

IN ADDITION TO THE ABOVE, THE APPLICATION PACKAGE MUST INCLUDE:

- **Certified transcript of high school grades.**
- **Certified college entrance exam (A.C.T./S.A.T.) score (if Required).**
- **Certification as to rank in high school graduation class.**
- **Copy of FAFSA Student Aid Report**
- **Copy of 2008 Tax Return for Parent(s)/Guardian**
- **A close-up picture (2 1/2" x 3 1/2") of you, which would be suitable for newspaper publication. Please place picture in a marked envelope and attached to application.**

**The information provided in this application is true to the best of my knowledge.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)

SCHOLARSHIP APPLICATION MUST BE RECEIVED BY: APRIL 21, 2009

RETURN TO: HIGH SCHOOL GUIDANCE COUNSELOR or: OPC Scholarship Committee  
P.O. Box 180  
Mountain City, TN 37683