

brighter future

Scholarship Program

2017 Application – High School Graduate

Applicant Information

Name: _____ (maiden name, if applicable)

Mailing address: _____

E-mail address: _____

Home phone number: _____ Date of birth: _____
area code month / day / year

Member Information (parent, guardian, or applicant if applicant is a member)

Name: _____

Relationship to applicant: _____

Valley REC account number: _____ Valley REC member number: _____

X _____
Applicant signature Date

X _____
Parent/guardian signature (if applicant is under age 18) Date

Required Items

You must furnish the following:

- your completed application
- your official high school transcript (in a sealed envelope from the school) or GED
- a copy of your SAT or ACT score(s)
- your official transcript(s) from any post-secondary institutions attended
- a copy of the first page of your Student Aid Report (SAR) with an Expected Family Contribution (EFC) number located in the upper right corner. This report is sent to you after you submit the Free Application for Federal Student Aid (FAFSA).

Application Deadline

This application and all required information must be mailed to the address below and **postmarked by April 15, 2017**. Please direct questions to memberservices@valleyrec.com or call 1-800-432-0680.

Valley Rural Electric Cooperative
Brighter Future Scholarship Program
PO Box 477
Huntingdon, PA 16652-0477

Valley Rural Electric Cooperative, Inc.
Brighter Future Scholarship Program
2017 Application – High School Graduate

High School Information

Date graduated: _____ or Date GED earned: _____
 year year

Type of high school:
 ___ public
 ___ private
 ___ other (please specify) _____

School name: _____

Mailing address: _____

Post-Secondary Information (use back of page if needed)

Complete this section *only* if you have taken post-secondary coursework. List all schools, starting with the most recent.

1. Accredited school: _____

Mailing address: _____

Area/program of study: _____

Number of credits completed or degree/certificate obtained: _____

Dates attended: _____ to _____
 month / year month / year

2. Accredited school: _____

Mailing address: _____

Area/program of study: _____

Number of credits completed or degree/certificate obtained: _____

Dates attended: _____ to _____
 month / year month / year

3. Accredited school: _____

Mailing address: _____

Area/program of study: _____

Number of credits completed or degree/certificate obtained: _____

Dates attended: _____ to _____
 month / year month / year

For Non-traditional Age Students Only

If you are a non-traditional age student, please list your reason(s) for continuing your education.

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Activities and Awards (use back of page if needed)

List your school-related activities, including years of involvement, positions held.

Post-secondary: _____

High school: _____

List your non-school activities, including volunteer work, community service, civic organizations, etc. (specifying years of involvement, positions held).

List any honors, awards or accomplishments. _____

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Employment Information

Are you currently employed? Yes / No (circle one)

Please list employment history, starting with current or most recent. (Use back of page if needed.)

Employer: _____
City, state: _____
Position: _____
Dates employed: _____ to _____
month / year month / year

Employer: _____
City, state: _____
Position: _____
Dates employed: _____ to _____
month / year month / year

Employer: _____
City, state: _____
Position: _____
Dates employed: _____ to _____
month / year month / year

Employer: _____
City, state: _____
Position: _____
Dates employed: _____ to _____
month / year month / year

Post-Secondary Education Plans (full-time status required)

1. Accredited school: _____
Mailing address: _____
Intended area/program of study: _____ Intended start date: _____
month / year
What degree/certification/license will you obtain? _____

2. Accredited school: _____
Mailing address: _____
Intended area/program of study: _____ Intended start date: _____
month / year
What degree/certification/license will you obtain? _____

3. Accredited school: _____
Mailing address: _____
Intended area/program of study: _____ Intended start date: _____
month / year
What degree/certification/license will you obtain? _____