

OUACHITA ELECTRIC COOPERATIVE CORPORATION
LINEMAN TRAINING PROGRAM SCHOLARSHIP APPLICATION

Completed application must be submitted to OECC on or before April 12, 2024:

Date submitted: _____

MUST RETURN WITH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT

Student Information

Name: _____ Student Social Security Number: _____

Address: _____
Street Town State Zip code

Telephone: _____

Family Information

Mother's Name: _____

Father's Name: _____

Is she living? _____

Is he living? _____

Home Address if different from yours: _____

Home Address if different from yours: _____

Occupation: _____

Occupation: _____

Organization: _____

Organization: _____

College (if any): _____

College (if any): _____

Highest Degree: _____ Year: _____

Highest Degree: _____ Year: _____

If not with both parents, with whom do you make your permanent home? _____

Total number of children living at home including yourself: _____

Total number of others currently attending college: _____

Activities and Jobs

Position or Activity Description, Organization	Year

ESSAY. IN 150 WORDS OR LESS, DESCRIBE WHY YOU WANT TO BE A LINEMAN:

Signature: _____ Date: _____

