OUACHITA ELECTRIC COOPERATIVE CORPORATION LINEMAN TRAINING PROGRAM SCHOLARSHIP APPLICATION

Completed application must be submitted to OECC on or before April 11, 2025:

MUST RETURN WITH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT **AND** AT LEAST 1 LETTER OF RECOMMENDATION

Date submitted:

WOOT RETORN WITH A GOT TO THORNING TO GO	Student Information		OF RECOMMENDATION
Name:		Student Social Security Number:	
Address: Street	Town	State	Zip code
Telephone:			
	Family Information		
Mother's Name:	Father's Nam	e:	
Is she living?	Is he living?		
Home Address if different from yours:	Home Addres	s if different from you	urs:
Occupation:	Occupation:		
Organization:	Organization:		
College (if any):	College (if an	y):	
Highest Degree: Yea	ar: Highest Degr	ee:	Year:
If not with both parents, with whom do you make your Total number of children living at home including your Total number of others currently attending college:	rself:		
Activities and Jobs Position or Activity Description, Organization Year			

ESSAY.	IN 150 WORDS OR LESS, DESCRIBE WHY YOU WANT TO BE A LINEMAN:			
Ouachita E	d I must complete this program. If not completed, I must reimburse lectric Cooperative for all expenses including tuition, books, tools, boots, ner equipment provided by the cooperative.			
Signature:	Date:			
If under age 1	18, signature of parent/legal guardian			
Signature:	Date:			