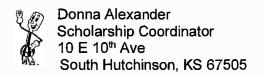
## Ark Valley Electric Cooperative Assn., Inc.



**Applicant Signature** 

Phone: (620) 662-6661 Fax: (620) 728-5550

Email: dalexander@arkvalley.com

## **Scholarship Application**

## **General Information** Mailing Address \_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Parent's Phone \_\_\_\_\_\_ E-Mail \_\_\_\_\_\_ **Member Account Information** Account Number \_\_\_\_\_ Address on Account \_\_\_\_\_\_\_ **School Information** Name of high school Present grade in school \_\_\_\_\_ I agree the information provided in this application has been executed accurately.

Date