

Ark Valley Electric Cooperative Assn., Inc.



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Scholarship Application

General Information

Name _____

Mailing Address _____

Phone _____ E-Mail _____

Parent's Name(s) _____

Parent's Phone _____ E-Mail _____

Member Account Information

Ark Valley Electric Membership Name _____

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.

Applicant Signature

Date