



A Touchstone Energy® Cooperative 

16755 Finley Butte Rd / PO Box 127 La Pine, Oregon 97739  
(541) 536-2126 (800) 722-7219 FAX (541) 536-1423

## Midstate Electric Line Worker Scholarship Program - General Information

*Revised by Board of Directors, May 2015*

**Purpose:** Midstate Electric Cooperative (MEC) is providing one \$2,500 scholarship for a person to attend line worker school.

**Application:** Visit MEC's office, your high school counselor or [www.mse.coop](http://www.mse.coop) for an application.

### Requirements:

**Scholastic** - Applicant must meet the entrance requirements of the elected school before applying for MEC's scholarship.

**Member** - The parent or guardian of the applicant, or the applicant, must be a consumer/member of MEC.

**Residence** - The primary residence of the parent or guardian of the applicant, or the applicant, must be in MEC's service area.

**College/Trade School** - Any accredited line worker school is acceptable to qualify for MEC's scholarship.

**Financial Need** - Consideration will be given to the financial need of the applicant.

**Qualifying Activities** - To include, but not be limited to scholastic ability, future goals, school activities, community activities and application presentation.

**Application Presentation** – Application and attached documentation are **neat, typed and grammatically correct.**

**Award** - Scholarship awards will be sent directly to the line worker school on behalf of the recipient. Funds must be used for tuition, books and curriculum related expenses. If the recipient of the scholarship terminates the program of study prior to the end of the funding period, the school will refund the remaining unused portion of the scholarship to MEC's scholarship fund.

**Duration** - MEC's line worker scholarship must be used within 12 months of being awarded.

**Application Checklist** – Every year, a number of applications are rejected because they are incomplete. Don't let that happen to you! Use this checklist to make sure your application includes all required materials.

- \_\_\_\_ Applicant & Family Information (p 2)
- \_\_\_\_ Required Financial Information (p 2)
- \_\_\_\_ Other Financial Aid, Scholarships and Grants (p 3)
- \_\_\_\_ Personal Statement (p 3)
- \_\_\_\_ Work Experience (p 3)
- \_\_\_\_ Certification (p 3)
- \_\_\_\_ Transcript or SAT, ACT (if homeschool)
- \_\_\_\_ 1 letter of recommendation from teacher or supervisor
- \_\_\_\_ 1 letter of recommendation from a principal, counselor or employer
- \_\_\_\_ 2 personal letters of recommendation (church, work, etc.) not affiliated with school

**Application Deadline is Monday, May 4, 2020**



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MEC Account # \_\_\_\_\_

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
Last First Middle Preferred Name or Nickname

Mailing Address \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

High School \_\_\_\_\_ Occupation \_\_\_\_\_

**FAMILY INFORMATION**

Name of father/stepfather/guardian/spouse who assists with your expenses \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name of mother/stepmother/guardian/spouse who assists with your expenses \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Check if Applicable ( ) Father Deceased ( ) Mother Deceased ( ) Parents Separated/ Divorced ( ) Married

List the names, ages and college (if applicable) of siblings/children supported by the parent/guardian/spouse who helps support you.

Name	Age	College/Class Year (if applicable)

**REQUIRED FINANCIAL INFORMATION**

The following **financial information is required** to complete the application. Use your IRS 1040 tax forms to determine adjusted gross income figures. (Copies of tax forms are not needed). **We will not accept applications with missing financial information.**

Total number of people in family household that will be supported in 2020/2021 \_\_\_\_\_

Family's total adjusted gross income in 2019 \_\_\_\_\_

Student's adjusted gross income for 2019 \_\_\_\_\_

Include Expected Family Contribution (EFC) \_\_\_\_\_

On a separate piece of paper, explain any circumstances impacting financial need that may not be apparent from the above financial information, e.g., contributions expected/not expected from a non-custodial parent, educational expenses already incurred for older siblings, medical expenses, daycare, etc.

**OTHER FINANCIAL AID, SCHOLARSHIPS AND GRANTS**

Have you applied for other financial aid, scholarships or grants? If so, please list below the name, amount and status of any financial aid, scholarships or grants that have been awarded or are still pending for your educational expenses. Print the Student Aid Report (SAR) and include the page that has the Pell Grant information with the scholarship application.

Name of Financial Aid, Scholarship or Grant	\$ Amount	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONAL STATEMENT**

Submit a typed (12-point font), double spaced statement of 1-2 pages in length telling us about yourself. Describe who you are and how you got to this point in your life and where you plan to go from here. What activities do you enjoy? Why are you interested in pursuing a career as a line worker? What skills do you have that you believe would carry over into the line worker field? Describe your short and long-term goals and how you plan to achieve them.

**WORK EXPERIENCE**

Employer \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we Contact? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

Employer \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ May we Contact? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

If additional room is needed, please submit on a separate sheet of paper.

**CERTIFICATION**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I understand that if I am awarded MEC's scholarship, and for some unforeseen reason not able to continue with my education or training, I must notify MEC immediately so that an alternate may receive the scholarship.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed application for arrival by May 4, 2020, as follows:**

Submit to: Midstate Electric Cooperative • P.O. Box 127 • La Pine, Oregon 97739

For further information, please call 541-536-7232 or email tlackey@mse.coop.