



BALDWIN EMC

Your Touchstone Energy® Cooperative



P.O. Box 220
Summerdale, AL
36580-0220
(251) 969-6247

www.baldwinemc.com



Baldwin County Electric Membership Charitable Foundation 2019 College Scholarship Application



The mission of the Baldwin County Electric Membership Charitable Foundation is the accumulation and disbursement of funds for charitable purposes to organizations and individuals located within Baldwin and southern Monroe County. Such disbursements of funds shall be for needs related to food, shelter, clothing, health, education, and environment. This endeavor will reflect Baldwin EMC's goal of being a member focused, efficient, and community involved cooperative.

Because the donated monies that make up this scholarship fund come from people who pay their power bills in our area, we the members of the Foundation Board are committed to being good stewards of this scholarship fund. Therefore, we request that you read and complete this application in its entirety.

PLEASE READ OVER YOUR APPLICATION CAREFULLY AND CONFIRM THAT IT IS COMPLETE BEFORE YOU TURN IT IN. AN INCOMPLETE APPLICATION WILL BE AUTOMATICALLY REJECTED. YOU MAY MAIL YOUR COMPLETED APPLICATION TO BALDWIN EMC, ATTENTION: OPERATION ROUND UP, P.O. BOX 220, SUMMERDALE, ALABAMA, 36580. THE COMPLETED APPLICATION AND ALL OTHER RQUIRED DOCUMENTS MUST BE RECEIVED NO LATER THAN 4:30 P.M. ON THURSDAY, FEBRUARY 28, 2019, AT ANY OF THE FOLLOWING BALDWIN EMC OFFICES: SUMMERDALE, ORANGE BEACH, OR BAY MINETTE.

2019 SCHOLARSHIP BASIS OF SELECTION & REQUIREMENTS

In selecting the recipient of this scholarship, the scholarship committee will consider the following: scholastic achievement, character, leadership, service, career and life goals, and any other pertinent information or circumstances that may heighten the need for this scholarship. Individuals who meet the following requirements may apply:

HIGH SCHOOL APPLICANTS

1. A permanent address within Baldwin County or District one of southern Monroe County. (A map is attached to the back of this application for your assistance.)
2. A high school diploma with a GPA of 2.0 or above; or a high school GED.

COLLEGE APPLICANTS

Should the applicant already be enrolled as a full-time college student, then the following requirements must be met:

1. Permanent address within Baldwin County or District one of southern Monroe County. (A map is attached to the back of this application for your assistance.)
2. A 2.0 GPA is required and an official college transcript must be sealed and mailed directly to the Foundation from the current institution the applicant is attending.

REQUIREMENTS FOR SCHOLARSHIP CONSIDERATION

(Check boxes are provided in the margin for ease of completion.)

The applicant must fill out the application honestly and completely. All applications must be received no later than 4:30 p.m. on Thursday, February 28, 2019, at any of the following Baldwin EMC offices: Summerdale, Orange Beach, or Bay Minette.

HIGH SCHOOL APPLICANTS

- Provide certified transcript of grades from high school sealed and mailed directly from the current school to the Foundation.
- Provide a copy of one of the following:
 - ACT score of 15 or better
 - SAT score of 700 or better
- Attach a typed, double-spaced essay describing in 75-100 words your educational, career and life goals. Include why you have chosen this goal and how you will give back to your community/society.

- Submit two (2) letters of recommendation from non-family members.
- Submit one (1) letter from high school authority using the form enclosed on page thirteen (13).
- If not a United States citizen or permanent resident, please provide a certified copy of student Visa.
- Provide a copy of most current tax return for applicant and/or parents. (Pages 1 & 2 of Form 1040 or 1040EZ)
- First-time applicant must be available for personal interview if selected as a finalist.

COLLEGE APPLICANTS

- Provide certified transcript of grades sealed and mailed directly from the current institute to the Foundation.
- Attach a typed, double-spaced essay describing in 75-100 words your educational, career and life goals. Include why you have chosen this goal and how you will give back to your community/society.
- Submit two (2) letters of recommendation from non-family members.
- Submit one (1) letter from college authority using the form enclosed on page thirteen (13).
- If not a United States citizen or permanent resident, please provide a certified copy of student Visa.
- Provide a copy of most current tax return for applicant and/or parents. (Pages 1 & 2 of Form 1040 or 1040EZ)
- First-time applicant must be available for personal interview if selected as a finalist.

SCHOLARSHIP CONDITIONS

Recipients of this scholarship are subject to certain conditions of enrollment, use of scholarship funds, requirement of grades and certain other criteria, including good moral character. Conditions of scholarship will be explained in a letter to the recipient of the scholarship. Acceptance of funds by the recipient will constitute acceptance of the terms of the scholarship. They are as follows:

1. The scholarship shall be transmitted to the accredited school selected by the scholarship recipient.
2. The scholarship shall be granted to graduates or individuals with high school equivalent (GED).
3. Scholarships will be announced and awarded in the spring prior to recipient's graduation but are contingent and subject to the scholarship recipient graduating from high school and passing any required graduation exam.
4. The scholarship will be paid by the Foundation directly to the educational institution for credit to the student's account at the institution with notification of receipt to be received from the educational institution.
5. In order to qualify for the scholarship, the student must attend a four-year college, a community college, a technical school or vocational school of the scholarship recipient's choice provided that such school chosen is an accredited institution.
6. In order for the scholarship funds to be received to the benefit of the scholarship recipient, the student must enroll on a full-time basis at the institution selected. That full-time status must be certified by the institution. Failure to qualify as a full-time student will result in a rescission of the scholarship with the funds being returned from the institution to the Foundation.

7. The scholarship committee will consider the following: scholastic achievement, character, leadership, service, career and life goals and any other pertinent information or circumstances that may heighten the need for this scholarship.



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SCHOLARSHIP APPLICATION

Name of Applicant: _____
Last First Middle

US Citizen Student Status Visa Permanent Resident

Address: _____
Physical Address PO Address

City or Town State County Zip Code

Telephone Number

Email Address _____ Date of Birth _____ Social Security # _____

Name of Parent (Mother): _____
Last First Middle

Address: _____
Physical Address PO Address

City or Town State County Zip Code

Telephone Number

Email Address _____

Name of Parent (Father): _____
Last First Middle

Address: _____
Physical Address PO Address

City or Town State County Zip Code

Telephone Number

Email Address _____



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SCHOLARSHIP APPLICATION

Name of Legal Guardian: _____
Last First Middle

US Address: _____
Physical Address PO Address

City or Town State County Zip Code

Telephone Number

Email Address

Applicant's High School and/or College:				
Name	Address	City or Town	State	Zip Code

Date of High School/College Graduation: _____

College Major: _____

Colleges Applied (list school(s) in priority order):				
Name	Address	City or Town	State	Zip Code



SCHOLARSHIP APPLICATION

All Scholarships Applied For:					
Name of Scholarship	Amount	Received	Denied	Unknown	Renewable

Community & Extracurricular Activities:	Dates	Hours Per Week

Honors & Awards:	Date(s) Received

Applicant's Employment History: (Most Recent First)							
Employer	Address	City	State	Zip Code	Dates		Hours Per Week
					From	To	



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Financial condition as of _____ 20__.

If parents or guardians provide more than 50% of applicant's living expenses, the parents' guardians' and applicant's most recent tax forms are required.

ASSETS:

Cash

Banking Institution	Address	Account Type	Amount

Real Estate

Type (Home, Land, etc.)	County	Partial or Wholly Owned	Market Value

Description: Stocks, Bonds, CD, etc.	Value

Other

Type (Notes Receivable, Personal Property, Auto, Life Insurance - Cash Value, etc. Include description, etc.)	Value

Total Assets	\$
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Financial condition as of _____ 20__.

If parents or guardians provide more than 50% of applicant's living expenses, the parents' guardians', and applicant's most recent tax forms are required.

LIABILITIES:

Mortgage/Real Estate

Mortgagor's Name	Address	Account Balance

Other Debt

Type (State Type: Taxes, Automobiles, Outstanding Bills, Credit Cards, Furniture, Insurance ,Other)	Account Balance

Total Liabilities	\$
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Financial condition as of _____ 20__.

If parents or guardians provide more than 50% of applicant's living expenses, the parents' guardians', and applicant's most recent tax forms are required.

Monthly Expenses: (Average)

		Monthly Payment
Housing (Check Box)	Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>	
Food		
Utilities	Electric	
	Gas	
	Telephone	
Transportation	Automobile Payments	
	Gasoline	
Insurance	Medical	
	Life	
	Automobile	
Charge Accounts/Credit Cards (Specify Type)		
Loans (Specify Type)		
Property		
Taxes (Specify Type)		
Other Expenses (Specify Type)		
Total Monthly Expenses		\$



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Monthly Income Applicants and/or Parents

If parents or guardians provide more than 50% of applicant's living expenses, the parents' guardians' and applicant's most recent tax forms are required.

Must include copy of most recent tax forms

	Parent Income	Applicant Income	Total Amount
Salary			
Bonus, Tips & Commissions			
Social Security			
Supplemental Security Income (SSI)			
Real Estate Income			
Other financial support: (Please state: Alimony, Child Support, Dividends & Interest, Parental Assistance, Student Loans/Grants, etc.)			
Other Income			
Total Sources of Monthly Income	\$	\$	\$

Other Members of Household (including those away at college):				
Last	First Name	Middle	Relationship	Attending College
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment of All Other Household Members:				
Name	Employer	Address	City	State

List any other special financial considerations: _____

The information contained in this statement is for the purpose of obtaining funding from the Baldwin County Electric Membership Charitable Foundation, Inc. on behalf of the undersigned. Each undersigned understands the information provided herein shall be used to determine grant funding, and each undersigned represents and warrants the information provided is true and complete. Furthermore, the Baldwin County Electric Membership Charitable Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Baldwin County Electric Membership Charitable Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

I have reviewed the checklist provided on pages two (2) and three (3) and I understand that an incomplete application will be automatically rejected.

Signature of Applicant

Signature of Parent or Guardian

Date

Completed application and all other required documents must be received no later than 4:30 p.m. on Thursday, February 28, 2019, at any of the following Baldwin EMC offices: Summerdale, Orange Beach, or Bay Minette.



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EDUCATOR'S RECOMMENDATION FORM

Name of Applicant: _____
Last First Middle

School: _____
High School Street or P.O. Box City or Town State Zip Code

County: _____

To Be Completed by Educator/Counselor

1. How well, how long and in what capacity have you known the applicant? _____

2. How firm is the applicant's commitment to his/her proposed field of study? _____

3. In your opinion, do you feel that this student will continue his/her education until completion?

4. In comparison to other students whom you have known at comparable stages of their education, how would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

	Excellent	Above Average	Average	Below Average
Seriousness of Purpose				
Initiative				
Maturity				
Adaptability				
Enthusiasm				
Emotional Stability				
Leadership				
Public Speaking				

5. Please cite a specific example of how, in your association with the applicant, he or she has demonstrated the above qualities.

Signature

Title or Position

Date

