





Scholarship for Children of Members Application Form 2026

In cooperation with

Darke Rural Electric Cooperative, Inc.

Applications must be submitted to <u>Darke Rural Electric Cooperative</u>, <u>Inc.</u>
Received Deadline Date: <u>February 13, 2026</u>

1) Are your parents/guardians perman	nent residential members of	Yes No
Darke Rural Electric Coopera	tive, Inc.?	
2) Have you received a "Full Ride" so	Yes No	
3) Are members of your family, or pe affiliated with any electric coope	Yes No	
If you answered N	o to question 1) and/or Yes to questions 2) or 3) –
Thank you for your	interest in our scholarship, but you do not	qualify.
Name:	Ph	none:
Street Address:		
Township, City, State, Zip:		
Student Email:	Parent Email:	
Parents' names:		
Parents' phones:		
Age:	Birthdate:	
Name of High School:		
Address of High School:		
By which college(s) or accredited technical		
Major(s)?		
Official	School Transcript Must Be Attached.	
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Darke Rural Electric Cooperative, Inc. 1120 Fort Jefferson Rd. PO Box 278, Greenville, OH 45331-0278

OHIO'S ELECTRIC COOPERATIVES, INC. – 2026 SCHOLARSHIP FOR CHILDREN OF MEMBERS

	Activity	g activities in which you hav	Remarks
SCHOOL ACTIVI	TIES PERSONAL A	ACHIEVEMENT: (Such a	s class officer, plays, athletics, music, etc.)
List the most prestigi		pated in during your high scl	
	Activity	# of Years	Remarks
List all other activitie	es heretofore not men		describe your past achievements, including
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List all other activitie	es heretofore not men	tioned which will more full	
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List all other activitie	es heretofore not men	tioned which will more full	
any work experience	es heretofore not men : Activity	tioned which will more full	
STATEMENT OF A We have examined t and agree that the Co contained in this app	Activity APPLICANT, PAR his application and the properative and Ohio' lication and the supp	# of Years # of Years ENT OR GUARDIAN ne records are true, complete s Electric Cooperatives, Incorting documents to the judge	
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This page may be typed or hand written.			
Scholarship Applicant's Name:			
This section is to be completed by	the High School Princ	cipal or Counselor.	
SCHOLASTIC RECORD High school scholastic record by years: Attach transcr Applicant's information must be confined to the offic Since grade point scales vary by district, please provide "out of a possible 4.0") or include a copy and /or descrip	ial application form. e a brief explanation of	of your school's grade point scale	(e.g.
Class Rank: Junior Year	Class Rank:	Senior Year	
Cumulative Grade Point Average:			
ACT Composite (if applicable):			
SAT Composite (if applicable):			
List Scholastic Awards Won: (Local, county, district or	state)		
D: (A)	n w		
Print Name:	Position:		
Signature:	Date:		
Attachments:			
One teacher recommendation no longer than 50	00 words		
Official School Transcript			
One recent photo of the applicant			