



Egyptian Electric Cooperative Association

Your Touchstone Energy® Cooperative

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2024 Annual Meeting Scholarship

Ten - \$1,000 Scholarships to be awarded by drawing at Annual Meeting on July 11, 2024

Eligibility

- The applicant must be a member in good standing of Egyptian Electric Cooperative (EECA), or is the dependent of a member of the Cooperative who is in good standing, and must have been a member for one year prior to July 11, 2024.
The applicant must be enrolled, or have applied for enrollment, in a full-time undergraduate course of study at an accredited two or four-year college, university or vocational school for the Fall 2024 term.
Application must be signed by the applicant and parent or legal guardian (if a dependent). Proof of college registration for Fall 2024 should be included with application.
Verification of enrollment could include a payment installment, copy of school schedule or equivalent proof. If proof of college registration is not provided with the application, winners will have until July 25, 2024 to produce verification of enrollment or scholarship award will be passed on to alternate recipient.
Applications and proof of enrollment must be returned to EECA by 4 p.m., July 5, 2024. Applications will be accepted by mail, fax, email or by dropping off in our after-hours dropbox.
Prior annual meeting scholarship applicants are eligible. Prior scholarship recipients are ineligible.
The Annual Meeting will begin at 6 p.m. Scholarship drawings will take place live following the business meeting. Attendance for student and parent or legal guardian (if a dependent) is mandatory, no exceptions. Scholarship funds will be sent directly to scholarship winners in the mail.

Student Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_

High School Graduated From: \_\_\_\_\_

College/School Attending Fall 2024: \_\_\_\_\_

Parent/Legal Guardian Name(s) (if a dependent): \_\_\_\_\_

Name on EECA Account: \_\_\_\_\_

EECA Account Number: \_\_\_\_\_

By signing this application you hereby agree the information provided to EECA is true and correct, and permission is granted for EECA and associated organizations to use your information and your photograph for publicity purposes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_