



LaVern and Nola McEntire Lineworker's Scholarship Application

PLEASE TYPE OR PRINT: Complete the entire application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (please don't just indicate "See Resume"). You may attach a separate sheet of paper with your responses if needed.

Please Print or Type

Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:	City, State & Zip:	
Home and/or Cell Phone:	Work Phone:	E-mail Address:
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, are you prevented from lawfully becoming employed in this country because of VISA or Immigration status?
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
Have received your high school diploma or your GED certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, name of High school, City/State, and Year of Graduation?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, where and what is your job title?
Are you related to any electric cooperative employee/director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name, which electric cooperative and their relationship to you?
Are you the son or daughter of a member of an electric cooperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, which electric cooperative?
Are you a veteran of the U.S. armed forces or National Guard, or are currently serving?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please provide details, including what branch, dates and locations of service, etc.
Are you willing to relocate to attend a training school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, have you obtained your CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have prior experience as a lineworker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain.
Have you any experience in the electric utility field of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain.
Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from consideration)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain.
How did you learn about this scholarship opportunity? Check all that apply: <input type="checkbox"/> High school <input type="checkbox"/> Lincoln Land Community College <input type="checkbox"/> Electric Cooperative <input type="checkbox"/> Veteran's Center <input type="checkbox"/> Other: _____		

BIOGRAPHICAL STATEMENT: Write a brief biographical statement that includes your goals, financial need and other pertinent information about yourself that you feel is important. The biographical statement should be typewritten and double-spaced, and attached to the application. Please do not make any reference to name, county, or home location.

ESSAY: Please attach a brief statement (100 words or less) on why you want to become an electric lineworker.

RECOMMENDATION: From a high school principal or former supervisor.
(Please attach the recommendation)

REFERENCES: Please list the names of two non-relatives who will serve as your references.

Name

Phone Number

Name

Phone Number

WORK EXPERIENCE: Please list your work experience for the last four years. Begin with your current or most recent employer. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Include full-time military or volunteer commitments. **PLEASE NOTE:** The Association of Illinois Electric Cooperatives (AIEC) reserves the right to contact all current and former employers for reference purposes.

Position and Company/ Organization	From Month/Year -- To Month/Year	Hours per week

PLEASE READ CAREFULLY AND INITIAL THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING STATEMENTS:

Please initial

_____ I understand that upon graduation I must apply for work at a rural electric cooperative in the State of Illinois for the duration of at least one year (if a position is available).

_____ I understand that I must maintain a 2.5 GPA.

_____ I understand that if I do not follow through with the scholarship regulations as outlined by the AIEC I am required to repay, in full, the scholarship amount.

_____ In the event I receive the scholarship, I authorize the AIEC to publish my name and/or picture in future promotions of the LaVerne and Nola McEntire Lineworker's Scholarship.

_____ I understand that the AIEC may inquire about information in my application; my status in the lineman program; and my obligation to work at a rural electric cooperative in Illinois for one year following my completion of the lineman program at Lincoln Land Community College.

I/we have examined this application, including accompanying submissions, and to the best of my/our knowledge and belief, it is true, correct, and complete.

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____
(if applicant is under the age of 18)