

SOUTHEAST ELECTRIC Cooperative



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2017 LINEMAN SCHOLARSHIP APPLICATION

NAME & ADDRESS: _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** (optional) _____

HIGH SCHOOL: (Name and address of High School you are attending or attended.)

MONTH & YEAR OF GRADUATION FROM HIGH SCHOOL: _____

OTHER SCHOOLS ATTENDED: (Dates, Names and addresses of Colleges/Schools you attended.)

COLLEGE/SCHOOL: (Name and address of College/School you will attend this fall.)

HIGH SCHOOL/POST-GRADUATE ACHIEVEMENTS/HONORS: (Attach additional pages if necessary.)

Please attach your Personal Statement. (This statement should explain why you chose to go to Lineman school and what your goals are for the future. Does not need to be more than one or two pages.)

_____/_____
Applicant's Signature Date

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