

CO-MO CARES TRUST, INC.

PO BOX 220
TIPTON, MISSOURI 65081-0220
(660) 433-6168
Attn.: "Operation Round Up" Scholarship Program

Application For 2024 Scholarship

*******IMPORTANT*******
PLEASE READ THIS PAGE CAREFULLY
BEFORE COMPLETING THIS APPLICATION

Scholarship Guidelines

Applicants must show financial need. Scholarships will not exceed \$1,500 per recipient per academic year for a maximum of four (4) years. You must apply every year and must attend an accredited technical or academic school. One half of the scholarship will be paid to the school at the beginning of each semester. If you do not complete the semester, the scholarship will be considered a loan and repayment is required. You must carry at least twelve (12) hours to receive the full scholarship (fewer hours will be prorated accordingly). To receive the scholarship for the second semester, you MUST provide proof of your first semester grades and second semester enrollment no later than January 10, 2025. If you receive less than a 2.5 GPA for your first semester, you may not qualify for second semester funding.

1. Applicant must permanently reside within Co-Mo Electric Cooperative's service territory.
2. Applicant must show evidence of financial need. All financial information must be filled out completely. A copy of your application for FAFSA (Free Application for Financial Student Assistance) or SAR (Student Aid Report) must be attached to your application. The confirmation page showing the application has been completed is not acceptable. If item #'s 86-87 (Item # may have changed. It is Parent or Contributors income earned) on the application are not completed, the application will be considered incomplete.
In addition, Item #6 ("Estimated Family Worth") on Page 2 of the scholarship application must be completed, otherwise the application will be considered incomplete.
3. Letter of acceptance for first year college students and high school transcript or college transcript with fall schedule for college students must be attached to your application.
The college transcript does need to be an "official" transcript. If there is a cost involved in obtaining the transcript or fall schedule, an electronic degree audit is acceptable printed offline.
4. The deadline for applications is April 1, 2024. If the application is not received at either the Co-Mo Office in Tipton or Sunrise Beach by this date, the application will not be considered.
5. Awards will be made at the May board meeting and applicants will be notified of the results by letter. First time recipients will be required to attend a financial seminar on Saturday, July 13, 2024, at the Co-Mo office in Tipton. Do not apply if you will be unable to attend this seminar.
6. If you have any questions concerning your application, please call Michele at 660-433-4425.
7. After completing this application, please mail to: Co-Mo Cares Trust, Inc.,
Attn: Michele, "Operation Round Up" Scholarship, PO Box 220, Tipton, MO 65081-0220.
The application may also be hand delivered to either the Co-Mo Office in Tipton or Sunrise Beach.

**IT IS YOUR RESPONSIBILITY TO SUBMIT A TIMELY AND ACCURATE
APPLICATION WITH THE REQUIRED ATTACHMENTS.
INCOMPLETE OR LATE APPLICATIONS WILL NOT
BE CONSIDERED FOR FUNDING.**

CO-MO CARES TRUST, INC.

2024 Scholarship Application

Data Information

PLEASE PRINT OR TYPE

Date: _____

Name: _____

Current address: _____
(Street or PO Box)/(Town)/(Zip Code)

Permanent address: _____
(Street or PO Box)/(Town)/(Zip Code)/(County)

Daytime phone: _____ Home Phone: _____

Family Status: Parents/Guardians Name: _____

List other children being supported by household (include ages) _____

Your Marital status: Single Married Divorced Your Date of Birth: _____

If not living with parents/guardian how many dependents do you support? _____
(Including yourself)

To what college or school have you been accepted? _____

If currently in high school submit high school transcript and letter of acceptance.

ACT SCORE: _____

If currently in college or technical school, how long have you been enrolled? _____

If in college submit transcript.

CURRENT GPA: _____

At this time what are you planning as a career? _____

Parent/Guardian Financial Information

Are your parents/guardians, spouse or other relatives willing to help finance your education?

_____ YES _____ NO

Complete the following:

	Annual Income	<u>Monthly amount contributed</u> towards education
1. Father's occupation: _____	_____	_____
2. Mother's occupation: _____	_____	_____
3. Guardian's occupation: _____	_____	_____
4. Spouse's occupation: _____	_____	_____
5. Applicant's occupation: _____	_____	_____

6. Estimated Family Worth _____
(Total Cash, Savings, & Checking Accounts, _____
Real Estate (House, Farm, etc.), Personal _____
Property (Auto, Equipment, etc.))

Applicant's Work Experience

List current employer first then work backwards

<u>Employer</u>	Dates Employed	Full or Part-time	<u>Weekly Salary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you plan to work while in college? _____

If yes, what would be your weekly salary? _____

Please write a one page essay telling us about yourself, your achievements, interest and activities, and why you want to go to college or technical school, or remain in college or technical school.

Why have you selected this college to attend? _____

Please list all grants and/or scholarships applied for or received from colleges, national or local organizations etc. and their amounts for the coming school year (2024-25)
 (Attach additional sheet, using this format, if necessary)

Name of Scholarship: _____	<input type="checkbox"/> Applied For	<input type="checkbox"/> Rec'd	Amt _____
Name of Scholarship: _____	<input type="checkbox"/> Applied For	<input type="checkbox"/> Rec'd	Amt _____
Name of Scholarship: _____	<input type="checkbox"/> Applied For	<input type="checkbox"/> Rec'd	Amt _____
Name of Scholarship: _____	<input type="checkbox"/> Applied For	<input type="checkbox"/> Rec'd	Amt _____
Name of Scholarship: _____	<input type="checkbox"/> Applied For	<input type="checkbox"/> Rec'd	Amt _____

What other sources of income will you utilize if you do not receive this scholarship?

Please submit the cost per semester, at the school you will be attending, for the following:

Section One - School Cost

Cost per credit hour \$ _____

Number of hours you will take under the first semester of this scholarship: _____

Cost per semester (cost per hour x number of hours) \$ _____

Estimate the cost of books \$ _____

Lab fees \$ _____

Total for Section One \$ _____

Section Two - Living Expenses per Semester

Apartment rent/dorm fees \$ _____

Food expenses (if not included in dorm fees) \$ _____

Other (child care, transportation, etc.) \$ _____

Total for Section Two \$ _____

Grand Total of Section One & Two \$ _____

****If the above is not appropriate for the particular program for which you have applied, please submit a list of tuition and/or living expenses you will incur****