



# 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.
Do you have 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: _____		

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

**WORK and VOLUNTEER EXPERIENCE:** List position held, for what time period, whether volunteer or for-pay. Please do not make any reference to name, county, or home location. (Additional information can be attached.)

**PARTICIPATION in School and Community Activities:** List activities (both school and non-school) in which you have participated, along with years of membership or participation. Please do not make any reference to name, county, or home location. (Additional information can be attached.)

**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 photo in future promotions of the LaVern 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)