

## 2023-2024 Continuing Education Scholarship (\$1000.00)

(Must live on PC Electric lines or have a parent who is a manager or owner of a company on PC Electric lines to apply! See description of program for other criteria and guidelines.)

| I. Information to be supplied by the applica                             | ant (Please type or print clearl   | y)                               |  |
|--|--|----------------------------------|--|
| Name (first, middle, last)   |  |                                  |  |
| Date   | (Please check one)   | Male                             | Female   |
| Full Name of Parents/Guardians   |  |                                  |  |
| Physical Address of Parents/Guardians in v                               | which you live (street, town, s  | tate, zip code, etc.)            |  |
| Mailing Address of Parents/Guardians in w                                | rhich you live (if different fro   | m the physical address           | )  |
|  | Alternate Phone  |                                  |  |
| Email Address (One that is checked daily)_                               |  |                                  |  |
| PC Electric Account Number (right hand co                                | orner of your monthly electric   | e bill) #                        |  |
| Parish in which you live   |  |                                  |  |
| Name of High School Attending  |  |                                  |  |
| Date & Time of High School Graduation _                                  |  |                                  |  |
| Name of College/Trade School you plan to                                 |  |                                  |  |
| Month and year you expect to enter                                       | N  | Лајог                            |  |
| Applicant and parent/guardian please sign l                              | below:   |                                  |  |
| Student Applicant Signatur   | re P   | Parent/Guardian Signatu          | ure  |
| NOTE: Applications along with trans<br>2506 False River Drive * P.O. Box | script must be returned to:<br>160 * New Roads, LA 70<br>emailed to jcopeland@po<br>Deadline: December | 760. Applications of<br>cemc.org | ber Services Department sand transcripts can also be |
|  | Date Rec Date Rec  |                                  |  |