

BALDWIN EMC

Baldwin County Electric Membership Charitable Foundation **2025 College Scholarship Renewal Application**

Guidelines and Instructions - Please fill out the application completely.

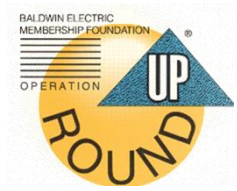
Checklist

- Provide certified transcript of grades directly from the current institution to the Foundation.**
- Attach a typed, double-spaced essay describing in 75-100 words your recent year of college. Include any changes in your career or major and how this will impact your life goals.**
- Include College Educator's Recommendation Form from most recent or current year.**
- Provide a copy of the most current tax forms for parents and/or applicant as required on page six (6). (Pages 1 & 2 of Form 1040 or 1040EZ)**
- Signature on page seven (7).**

Please read over your application carefully. Only complete applications postmarked no later than Tuesday, February 18, 2025, will be considered.

Mail your completed application to:

**Baldwin EMC
Attention: Operation Round Up
P.O. Box 220
Summerdale, AL 36580**



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Baldwin County Electric Membership Charitable Foundation 2025 College Scholarship Renewal Application

Name: _____
Last
First
Middle

Address: _____
Physical Address
PO Address

City or Town
State
Zip Code

Telephone Number

Email Address

College Attending:						
Name	Address	City or Town	State	Zip Code	Status	Last Year Attended

College Major: _____ **GPA:** _____
If GPA is less than 2.0, please explain why.

Community & Extracurricular Activities:		
Activity in Priority Order	Dates	Hours Per Week

Honors & Awards:	
Honors/Awards	Date(s) Received



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Applicant's Employment History (Most Recent First)							
Employer	Address	City	State	Zip Code	Dates		Hours Per Week
					From	To	

Financial condition as of _____ 20__.

If parents or guardians provide more than 50% of applicant's living expenses, the parent's, guardian's, and applicant's most recent tax forms are required.

Assets

Cash

Banking Institution	Address	Account Type	Amount

Real Estate

Type (Home, Land, etc.)	County	Partial or Wholly Owned	Market Value

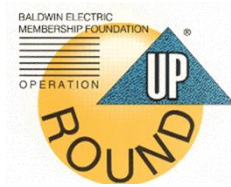
Securities

Description	Value

Other

Type (Personal Property, Auto, Life Insurance - Cash Value, etc. Include description, etc.)	Value

TOTAL ASSETS \$ _____



Liabilities

Notes Payable

Lender's Name	Address	Amount

Mortgage

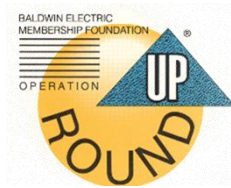
Mortgagor's Name	Address	Amount

Other Debt

Type (State Type: Taxes, Outstanding Bills, Other)	Amount

TOTAL LIABILITIES

\$ _____
Total

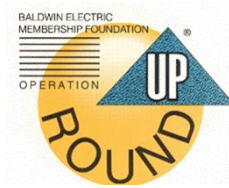


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Statement of Average Monthly Expenses as of _____ 20__.

If parents or guardians provide more than 50% of applicant's living expenses, the parent's, guardian's, and applicant's most recent tax forms are required.

		Monthly Payment
Housing	Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>	
Food		
Utilities	Electric	
	Gas	
	Telephone	
Transportation	Automobile Payments	
	Gasoline	
Insurance	Medical	
	Life	
	Automobile	
Charge Accounts/Credit Cards (Specify Type)		
Loans (Specify Type)		
Property		
Taxes (Specify Type)		
Other Expenses (Specify Type)		
Total Monthly Expenses		\$



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Statement of Monthly Income as of _____ 20__.

If parents or guardians provide more than 50% of applicant's living expenses, the parent's, guardian's, and applicant's most recent tax forms are required.

Must include copy of most recent tax forms

	Parent Income	Applicant Income	Total Amount
Salary			
Bonus, Tips & Commissions			
Social Security			
Supplemental Security Income (SSI)			
Real Estate Income			
Other financial support: (Please state: Alimony, Child Support, Dividends & Interest, Parental Assistance, Student Loans/Grants, etc.)			
Total Sources of Monthly Income	\$	\$	\$

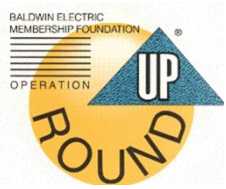
Other Members of Household (Including those away at college):

Last	First Name	Middle	Relationship	Attending College	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employment of All Other Household Members:

Name	Employer	Address	City	State

List any other special financial considerations:



The information contained in this statement is for the purpose of obtaining funding from the Baldwin County Electric Membership Charitable Foundation, Inc. on behalf of the undersigned. Each undersigned understands the information provided herein shall be used to determine grant funding and each undersigned represents and warrants the information provided is true and complete. Furthermore, the Baldwin County Electric Membership Charitable Foundation, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Baldwin County Electric Membership Charitable Foundation, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

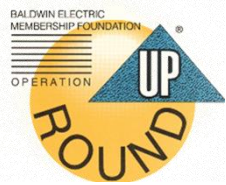
I have reviewed the checklist provided on page one (1) and I understand that an incomplete application will be automatically rejected.

Signature of Applicant

Signature of Parent or Guardian

Date

Completed application and all other required documents must be postmarked no later than Tuesday, February 18, 2025.



COLLEGE EDUCATOR'S RECOMMENDATION FORM

Name of Applicant: _____
Last First Middle

School: _____
College Street or P.O. Box City or Town State Zip Code

To Be Completed by Educator/Counselor

- How well, how long and in what capacity have you known the applicant? _____

- How firm is the applicant's commitment to his/her proposed field of study? _____

- In your opinion, do you feel this student will continue his/her education until completion?

- In comparison to other students whom you have known at comparable stages of their education, how would you rate the applicant in the following areas? If you are unable to evaluate an area, please leave it blank.

	Excellent	Above Average	Average	Below Average
Seriousness of Purpose				
Initiative				
Maturity				
Adaptability				
Enthusiasm				
Emotional Stability				
Leadership				
Public Speaking				

- Please cite a specific example of how, in your association with the applicant, he or she has demonstrated the above qualities.

Signature

Title or Position

Date