



2027 Youth Scholarship Program Application

Please complete all sections of this application and submit it with the required supporting documents listed below. Incomplete applications or applications received after the deadline will not be considered.

Applicant Name _____

Mailing Address _____

Email Address _____

Phone Number _____

Sawnee EMC Account Number _____

High School Name _____

Parent/Legal Guardian Name(s) _____

Parent/Legal Guardian Occupation _____

Parent/Legal Guardian Phone Number _____

Additional Parent/Legal Guardian Occupation _____

Additional Parent/Legal Guardian Phone Number _____

Are you related to a Sawnee EMC employee, Sawnee EMC/Foundation Director, or CATF member? Yes ____ No ____ If yes, please explain: _____

Please submit this completed application with the following required documents no later than 5:00 pm on Friday, January 8, 2027:

1. **High school resume** - Include hobbies, school activities/clubs, honors, awards, community service, extracurricular activities, sports, work experience, and internships.
2. **Essays** – Each essay should be no more than one page, typed in a font size no smaller than 12 point, and double-spaced. Include your name in the top right-hand corner of each essay. Use one page per essay.
 - a. Tell us about yourself and your family. Include how you plan to fund your college education, how this scholarship would assist you, and any personal or family circumstances affecting your need for financial assistance, if applicable.
 - b. Tell us about a time you experienced failure or a significant challenge. What did you learn from that experience?
3. **High school transcript** - Official or unofficial will be accepted.
4. **Copy of SAT or ACT score** printed from the testing organization's website. **Please submit only one set of scores.**
5. **Two letters of recommendation** explaining why you should be considered for a scholarship. Letters from relatives will **not** be accepted. If the letter of recommendation cannot be submitted with the application packet, please email it to scholarships@sawnee.coop with your name in the subject line.

I certify that I am a high school senior and that the information provided in this application is accurate to the best of my knowledge.

Applicant's Signature

Date

Parent/Legal Guardian Signature

Date

Return completed applications to:

Submit by mail or email only

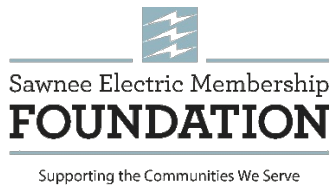
Sawnee Electric Membership Foundation

ATTN: Marketing Department – Youth Scholarship Program

P.O. Box 1174

Cumming, GA 30028

Email: scholarships@sawnee.coop



Deadline: The completed application and all required documents must be received no later than 5:00 p.m. on Friday, January 8, 2027. Late or incomplete applications will not be considered. The decision of the Sawnee Electric Membership Foundation Board of Trustees is final.

Please complete the following:

List all financial assistance for which you have applied or expect to receive from another source:

List any scholarships, whether partial or full, that you have already received:

Top three college or university choices:

- 1.

- 2.

- 3.
