



# Scholarship

LaGrange County REMC is offering three, \$1,000 scholarships in a program designed to enhance the education and resulting careers of local students. An application can be obtained by contacting LaGrange County REMC, 877.463.7165, or downloading it from the REMC website at [lagrangeremc.com](http://lagrangeremc.com). The deadline for submitting an application is March 21, 2025.

## **PARTICIPATION REQUIREMENTS:**

- 1) An applicant's parent or legal guardian must reside (primary residence) in REMC's service area and be a member in good standing of the cooperative.
- 2) Applicant must be planning to enroll in an accredited educational or training institution.
- 3) Applicant may not be a member of the immediate family of an employee or director of LaGrange County REMC.
- 4) Applicants are required to submit a brief autobiography that includes an explanation of why they should be chosen to receive a scholarship.
- 5) Applicants will be judged on their GPA, extracurricular activities, references and autobiography.
- 6) REMC will make the scholarship available to the recipient upon the successful completion of their first semester. The REMC will issue one check in the name of the recipient and the educational institution, following the receipt of a copy of grades or transcript. The scholarship may be applied towards books, tuition, housing, lab fees or other costs directly related to the school. The scholarship may not be used for clothing, transportation, furnishings, appliances, phone or food.
- 7) Scholarships are not renewable.

In addition to completing the attached application, the following must be provided:

- ~ Two (2) letters of recommendation (references may be from teachers, counselors, coaches or clergy).
- ~ An official copy of high school transcript verifying your GPA.
- ~ An autobiography written by the applicant; no more than two pages, double spaced.

Submit applications by March 21, 2025 to: LaGrange County REMC  
1995 E US 20  
LaGrange, IN 46761



# LAGRANGE COUNTY REMC SCHOLARSHIP APPLICATION

Please complete this form, attach requested documentation and submit to REMC by March 21, 2025.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENTS OR GUARDIANS \_\_\_\_\_

HIGH SCHOOL ATTENDING \_\_\_\_\_

ACADEMIC ADVISER \_\_\_\_\_ GPA \_\_\_\_\_ GPA SCALE USED \_\_\_\_\_

PROSPECTIVE EDUCATIONAL OR TRAINING INSTITUTION \_\_\_\_\_

MAJOR AREA OF INTEREST \_\_\_\_\_

CAREER GOALS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST SCHOOL & COMMUNITY ACTIVITIES YOU HAVE PARTICIPATED IN & SPECIAL HONORS YOU RECEIVED DURING YOUR HIGH SCHOOL CAREER.

ACTIVITY:	YEAR(S):	POSITION HELD/HONORS/AWARDS:
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Attach more pages as needed.