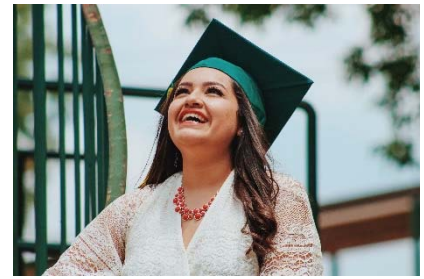


# ROBERT "BILL" HAUSCHILD MEMORIAL SCHOLARSHIP – APPLICATION –



Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

I plan to attend: \_\_\_\_\_  
(School and location)

Course of study: \_\_\_\_\_

Parent or legal guardian Names: \_\_\_\_\_

Extracurricular activities you participate in: \_\_\_\_\_

Briefly state your reasons for seeking the Hauschild Memorial Scholarship and your future plans:

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

**Attach to this application:**

- 1) Copy of your high school transcript, including absentee/tardy record.
- 2) Letter of recommendation from teacher or other school personnel.
- 3) Letter of recommendation from non-school personnel.

\_\_\_\_\_  
(Student signature)

We, the parents or legal guardians of the above student, give our permission for the student to participate in the application for the Hauschild Memorial Scholarship and will support him/her in his/her educational efforts.

\_\_\_\_\_  
(Parent/guardian signature)

\_\_\_\_\_  
(Parent/guardian signature)

**Application materials must be received no later than March 1, 2018.**

Submit to: Allamakee-Clayton Electric Cooperative  
Hauschild Memorial Scholarship Committee  
PO Box 715  
Postville, IA 52162-0715

