

**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 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, 2017.

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