



Egyptian Electric  
Cooperative Association

Your Touchstone Energy® Cooperative 

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## 2025 Annual Meeting Scholarship

*Ten - \$1,000 Scholarships will be awarded by drawing at Annual Meeting on Thursday, July 10, 2025*

### Eligibility

- The applicant must be a consumer-member in good standing of Egyptian Electric Cooperative (EECA), or is the dependent of a consumer-member of the Cooperative who is in good standing, and must have been a consumer-member for one year prior to July 10, 2025.
- The applicant must be enrolled, or have applied for enrollment, in a full-time undergraduate course of study at an accredited two or four-year college, university, or vocational school for the Fall 2025 term.
- Application must be completed and signed by the applicant and parent or legal guardian (if a dependent of the consumer-member). Proof of college registration for Fall 2025 must be included with application. Verification of enrollment could include a payment installment, copy of school schedule or equivalent proof.
- **Application and proof of enrollment must be returned to EECA by July 3, 2025. Applications will be accepted by mail, fax, email or by dropping off in our lobby or after-hours dropbox.**
- Prior annual meeting scholarship applicants are eligible. Prior scholarship recipients are ineligible.
- The Annual Meeting will begin at 6 p.m. on Thursday, July 10, 2025. Applicants must be registered before 6 p.m. to be in the drawing. Scholarship drawings will take place live following the business meeting. **Attendance for student and parent/legal guardian (if a dependent) is mandatory, no exceptions.** Scholarship funds will be addressed and sent directly to scholarship winners in the mail.

Student Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_

High School Graduated From: \_\_\_\_\_

College/School Attending Fall 2025: \_\_\_\_\_

Parent/Legal Guardian Name(s) (if a dependent): \_\_\_\_\_

Name on EECA Account and Address: \_\_\_\_\_

EECA Account Number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

*By signing this application you hereby agree the information provided to EECA is complete, true and correct. I give permission to EECA and associated organizations to use my information and photograph for publicity purposes.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_