

**Coweta-Fayette EMC**  
**2025 Walter Harrison Scholarship**

**Application Rules:**

Students applying for this scholarship must live in a house that receives electric service from Coweta-Fayette EMC

If your power provider is a different EMC you must submit your application directly to that EMC. Georgia Power or Meag customers are not eligible.

Coweta-Fayette EMC's applications must be postmarked by January 31, 2025 and mailed to:

Coweta-Fayette EMC  
807 Collinsworth Rd.  
Palmetto, GA 30268

# Georgia EMC Walter Harrison 2025 Scholarship Application

**Please note: Applications must be turned in directly to your local EMC to be considered.**  
Each participating EMC may have a different application deadline so be sure to check with them regarding due date.

Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone No. (include area code) \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Applicant's electric cooperative \_\_\_\_\_

**Parental information is not required of adult, non-dependant applicants.**  
**If adult applicant is married, spouse's information must be included below.**

Home Address (street/city/state/zip code) \_\_\_\_\_

Home Phone No. (include area code) \_\_\_\_\_

Parents' or Spouse's Name(s) \_\_\_\_\_

Father's or Adult Applicant's place of employment \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_

Mother's or Spouse's place of employment \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_

**Please attach the following:**

- A. Acceptance letter or other evidence to confirm admission to a **Georgia** college or technical school. *If student is not yet accepted this information will be required at the time the scholarship is awarded.*
- B. Two-page autobiographical sketch with reference to future plans and goals as well as your involvement in the community. *Do not reveal your name, the name of your cooperative or your place of residence in the bio, as any such references will be marked out before being submitted to the judges, which will not make for an attractive, readable document.*
- C. High school transcript or current college/technical school transcript (unless student graduated more than 10 years ago).
- D. S.A.T., A.C.T score. If you did not take the S.A.T. or A.C.T., you may submit an ACCUPLACER score.
- E. Two letters of recommendation.  
*I certify that all information reported on this application is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Academic Performance and Potential:**

High school or college grade average (4.0 point scale) \_\_\_\_\_

S.A.T., A.C.T. or ACCUPLACER score \_\_\_\_\_

Participation in extracurricular activities: *attach additional list if necessary*

Membership in organizations \_\_\_\_\_

Offices held in organizations \_\_\_\_\_

Honors and recognitions received \_\_\_\_\_

Other activities \_\_\_\_\_

**College or technical school which you plan to attend or currently attend:**





School name \_\_\_\_\_

Contact person \_\_\_\_\_

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

Phone number including area code \_\_\_\_\_

Date you will begin attending \_\_\_\_\_ **OR**

Status in college/technical school:  Freshman  Sophomore  Junior  Senior/Other

School tuition per quarter/semester \$ \_\_\_\_\_

**Financial Need Assessment:** *Will be handled as strictly confidential information*

Total adjusted gross income for household (from most recent income tax return) \$ \_\_\_\_\_

Other household income \$ \_\_\_\_\_

Number of family members residing in household \_\_\_\_\_

Other factors which influence financial need \_\_\_\_\_

**Proof of financial information submitted may be required if scholarship is awarded.**

## **WALTER HARRISON SCHOLARSHIP FUND CRITERIA**

1. The recipient's primary residence must be the household of an EMC member or EMC employee. EMC members and employees are also eligible.
2. The recipient must be enrolled in an accredited program, either full-time or part-time.
3. The recipient must be an undergraduate student only.
4. The scholarship fund will be in the form of a grant program with funds being paid to the college, university or technical school.
5. A person may submit an application each year, but previous winners are not eligible for a second scholarship.
6. The scholarship fund will provide \$1,000 for each scholarship winner's educational expenses. The number of scholarships will depend on the fund earnings.
7. Scholarship use must commence within one year of date of issuance and be totally utilized within two years of the date of issuance. The school shall return any unused funds to the scholarship fund.
8. The scholarship may be used at any two-year or four-year accredited college or university in Georgia including technical schools.
9. A combination of need and academic ability will be used in determining scholarship fund winners.
10. Each EMC may submit one application for each one-time \$1,000 that they have contributed to the fund to the executive committee for consideration in choosing the scholarship fund winners.
11. An executive committee will oversee the scholarship fund. This committee will consist of the Chairman of the Board of GEMC, the Vice-Chairman of the Board of GEMC, the Chairman of the Services Committee, the Manager of Planters EMC, the Manager of Excelsior EMC, and the Chief Executive Officer of GEMC (ex officio member).
12. Georgia Southern University will administer the scholarship fund.
13. Scholarship winners must notify their EMC Walter Harrison Scholarship Coordinator of their acceptance of the award and the name of the school they plan to attend by June 1<sup>st</sup> or they will forfeit the scholarship.

*Revised September 2024*