




Egyptian Electric
Cooperative Association

Your Touchstone Energy® Cooperative 

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2026 Annual Meeting Scholarship

Ten - \$1,000 Scholarships will be awarded by drawing at Annual Meeting on Thursday, July 9, 2026

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 9, 2026.
- 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 2026 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 2026 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 5, 2026. Applications will be accepted by completing the online application or 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 9, 2026. 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 2026: _____

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: _____