

DEMCO Foundation/Operation Round Up

1810 S. Range Ave., Suite 2
Denham Springs, LA 70726
(225) 665-0317

All sections marked by ** must be accompanied with documentation.

APPLICATION FOR SCHOLARSHIP AWARD

Date _____

1. Applicant's Personal Information

FIRST NAME		MIDDLE NAME			LAST NAME		
PRESENT ADDRESS	APT. #	CITY	PARISH	STATE	ZIP CODE	HOW LONG?	
PREVIOUS ADDRESS	APT. #	CITY	PARISH	STATE	ZIP CODE	HOW LONG?	
DATE OF BIRTH	SOCIAL SECURITY #		HOME PHONE #		WORK PHONE #		

MARITAL STATUS SINGLE MARRIED SEPARATED DIVORCED WIDOWED

2. All Members of Household

NAME	RELATION TO APPLICANT	SEX	DOB	GRADE IN SCHOOL (IF CHILD)	MONTHLY INCOME	SOURCE OF INCOME OR EMPLOYER NAME/PHONE #
1.) _____	_____	_____	____/____/____	_____	_____	_____
2.) _____	_____	_____	____/____/____	_____	_____	_____
3.) _____	_____	_____	____/____/____	_____	_____	_____
4.) _____	_____	_____	____/____/____	_____	_____	_____
5.) _____	_____	_____	____/____/____	_____	_____	_____
6.) _____	_____	_____	____/____/____	_____	_____	_____

3. Applicant's Monthly Expenses

Use if applicant is **NOT** a dependent of parent(s) or guardian(s). Include spousal information.

		Amount
HOUSING	RENT/MORTGAGE	\$ _____
Landlord/Mortgage Company _____	Telephone # _____	
FOOD		\$ _____
UTILITIES	ELECTRICITY	\$ _____
(Provide copies of bills for all utilities)	NATURAL GAS/PROPANE	\$ _____
	WATER	\$ _____
	TELEPHONE	\$ _____
	CABLE/SATELLITE	\$ _____
TRANSPORTATION	AUTO. PAYMENT(S)	\$ _____
	FUEL	\$ _____
INSURANCE	MEDICAL	\$ _____
	DENTAL	\$ _____
	AUTO	\$ _____
	OTHER	\$ _____
MEDICAL	DOCTOR(S) – Provide copy of bills	\$ _____
	HOSPITAL – Provide copy of bills	\$ _____
	MEDICATION – Provide list of medicines & costs	\$ _____
CHILD CARE/SCHOOL EXPENSES		\$ _____
CHARGE ACCOUNTS/	_____	\$ _____
CREDIT CARDS	_____	\$ _____
(Provide copy of bill(s) showing purchases)	_____	\$ _____
	_____	\$ _____
LOANS	_____	\$ _____
(List lending company name, telephone number and item(s) purchased)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
OTHER EXPENSES	_____	\$ _____
(Please state: alimony, child support, other)	_____	\$ _____
	_____	\$ _____
Total Monthly Expenses		\$ _____

4. Sources of Applicant's Monthly Income

Use if applicant is **NOT** a dependent of parent(s) or guardian(s). Include spousal information.

SALARY (Provide copy of pay stub)	_____	EMPLOYER'S NAME AND TELEPHONE NUMBER	\$ _____
WORKER'S COMPENSATION			\$ _____
BONUS, TIPS & COMMISSIONS			\$ _____
UNEMPLOYMENT			\$ _____
AFDC/FOOD STAMPS			\$ _____
SOCIAL SECURITY (S.S.I.) (Provide copy of determination)			\$ _____
SOCIAL SECURITY DISABILITY (S.S.D.I.)			\$ _____
VETERANS BENEFITS			\$ _____
REAL ESTATE INCOME			\$ _____
FARM INCOME			\$ _____
OTHER (Please state: alimony, child support, other)	_____	TYPE	\$ _____
	_____	TYPE	\$ _____
TOTAL MONTHLY INCOME			\$ _____

DOES THE APPLICANT, SPOUSE OR CHILDREN RECEIVE: (Check one)

MEDICARE _____ **MEDICAID** _____

5. Assets – What the Applicant Owns

CHECKING AND/OR SAVINGS ACCOUNT(S)	_____	BANKING INSTITUTION	_____	ACCOUNT #	\$ _____					
	_____	BANKING INSTITUTION	_____	ACCOUNT #	\$ _____					
REAL ESTATE (Home and/or land)	_____	PARTIALLY OR WHOLLY OWNED	_____	PARISH	\$ _____ MARKET VALUE					
	_____	PARTIALLY OR WHOLLY OWNED	_____	PARISH	\$ _____ MARKET VALUE					
AUTO(S)	_____	MAKE	_____	MODEL	_____	YEAR	_____	LICENSE #	_____	\$ _____ VALUE
	_____	MAKE	_____	MODEL	_____	YEAR	_____	LICENSE #	_____	\$ _____ VALUE
OTHER (State type: personal property, loan receivable, life insurance [cash value], other assets. Include description, account number, etc.)	_____									\$ _____ VALUE
	_____									\$ _____ VALUE
TOTAL ASSETS										\$ _____

6. Household Monthly Expenses

Amount

Use if applicant **IS** a dependent of parent(s) or guardian(s)

HOUSING	RENT/MORTGAGE	\$ _____
Landlord/Mortgage Company _____ Telephone # _____		
FOOD		\$ _____
UTILITIES	ELECTRICITY	\$ _____
(Provide copies of bills for all utilities)	NATURAL GAS/PROPANE	\$ _____
	WATER	\$ _____
	TELEPHONE	\$ _____
	CABLE/SATELLITE	\$ _____
TRANSPORTATION	AUTO. PAYMENT(S)	\$ _____
	FUEL	\$ _____
INSURANCE	MEDICAL	\$ _____
	DENTAL	\$ _____
	AUTO	\$ _____
	OTHER	\$ _____
MEDICAL	DOCTOR(S) – Provide copy of bills	\$ _____
	HOSPITAL – Provide copy of bills	\$ _____
	MEDICATION – Provide list of medicines & costs	\$ _____
CHILD CARE/SCHOOL EXPENSES		\$ _____
CHARGE ACCOUNTS/	_____	\$ _____
CREDIT CARDS	_____	\$ _____
(Provide copy of bill(s) showing purchases)	_____	\$ _____
	_____	\$ _____
LOANS	_____	\$ _____
(List lending company name, telephone number and item(s) purchased)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
OTHER EXPENSES	_____	\$ _____
(Please state: alimony, child support, other)	_____	\$ _____
	_____	\$ _____
Total Monthly Expenses		\$ _____

7. Sources of Monthly Household Income

Use if applicant **IS** a dependent of parent(s) or guardian(s)

SALARY (Provide copy of pay stub)	_____	EMPLOYER'S NAME AND TELEPHONE NUMBER	\$ _____
WORKER'S COMPENSATION			\$ _____
BONUS, TIPS & COMMISSIONS			\$ _____
UNEMPLOYMENT			\$ _____
AFDC/FOOD STAMPS			\$ _____
SOCIAL SECURITY (S.S.I.) (Provide copy of determination)			\$ _____
SOCIAL SECURITY DISABILITY (S.S.D.I.)			\$ _____
VETERANS BENEFITS			\$ _____
REAL ESTATE INCOME			\$ _____
FARM INCOME			\$ _____
OTHER (Please state: alimony, child support, other)	_____	TYPE	\$ _____
	_____	TYPE	\$ _____
TOTAL MONTHLY INCOME			\$ _____

DOES ANYONE IN THE APPLICANT'S HOUSEHOLD RECEIVE: (Check one)
MEDICARE _____ **MEDICAID** _____

8. Assets – What Members of the Applicant's Household Own

Amount

CHECKING AND/OR SAVINGS ACCOUNT(S)	_____	BANKING INSTITUTION	_____	ACCOUNT #	\$ _____					
	_____	BANKING INSTITUTION	_____	ACCOUNT #	\$ _____					
REAL ESTATE (Home and/or land)	_____	PARTIALLY OR WHOLLY OWNED	_____	PARISH	\$ _____ MARKET VALUE					
	_____	PARTIALLY OR WHOLLY OWNED	_____	PARISH	\$ _____ MARKET VALUE					
AUTO(S)	_____	MAKE	_____	MODEL	_____	YEAR	_____	LICENSE #	_____	\$ _____ VALUE
	_____	MAKE	_____	MODEL	_____	YEAR	_____	LICENSE #	_____	\$ _____ VALUE
OTHER (State type: personal property, loan receivable, life insurance [cash value], other assets. Include description, account number, etc.)	_____									\$ _____ VALUE
	_____									\$ _____ VALUE
TOTAL ASSETS										\$ _____

9. Name of School applicant will attend: _____

10. Has applicant earned a high school diploma or equivalent? _____yes _____ no

11. Has applicant applied for DEMCO Foundation Scholarship before? _____yes _____no

12. Has applicant received the DEMCO Foundation Scholarship before? _____yes _____no

13. Semester Applied for: _____Fall _____Spring

14. Letter of Acceptance for first time and/or transfer students: _____yes _____no

15. Please list any other funding receiving and/or applied for including but not limited to TOPS and/or federal funding: _____

The information contained in this statement is for the purpose of applying for a scholarship from the DEMCO Foundation for the benefit of the undersigned (applicant). The applicant understands that the information provided will be used in deciding whether to grant scholarship and individually represents and warrants that the information provided is true and complete and that the DEMCO Foundation may consider this statement as continuing to be true and correct until a written notice of change is provided. The DEMCO Foundation is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made on this application, including credit information concerning the applicant. The applicant grants to the DEMCO Foundation the right to check any and all credit references with respect to the information contained in the application and the applicant waives any right to restrict the DEMCO Foundation's access to such credit information. Applicant understands that if such credit information is made unavailable to the DEMCO Foundation, the DEMCO Foundation may reject the application. Applicant agrees that information provided to and received by the DEMCO Foundation may be shared with an independent case manager and/or a selection committee. All information will be kept in the strictest confidence and will be used for the purposes intended.

The applicant also agrees that the DEMCO Foundation may use this application, if approved, for publicity and promotional purposes, but that the applicant's name and address will not be used for this purpose unless approved by the applicant prior to the promotion.

Signature of Applicant/Date

Signature of Guardian/Date

**DEMCO Foundation
Scholarship Program**

PURPOSE

The purpose of the DEMCO Foundation Scholarship Program is to provide assistance to DEMCO members who are financially needy and are seeking to better themselves through trade school, vocational or technical schools, community college and/or other forms of educational programs in the state of Louisiana.

TERMS

The deadline for scholarship applications is June 20th for the Fall Semester, and December 30th for the Spring Semester. Up to twenty scholarships in amounts up to \$1,000.00 may be awarded each semester. Funds are to be used for payment of educational expenses such as tuition, books, and fees. Payment of scholarships will be made directly to the applicant's school of attendance.

ELIGIBILITY REQUIREMENTS

- Applicant must be a DEMCO member, as defined by DEMCO Foundation Bylaws (see definition below).
- Applicant must qualify based upon his/her financial need. Financial need shall be determined based upon information provided to the DEMCO Foundation including parental and/or spousal support, cost of education, and any other scholarships, funds, or grants received.
- Applicant must possess a high school diploma or equivalent.
- Applicant must be a legal citizen of the United States of American.
- Applicant must have no felony convictions.
- Applicant must plan to attend a trade school, vocational or technical school, community college or other such Louisiana institution.
- Applicant must submit a completed DEMCO Foundation Scholarship Application and all supporting documentation to the address listed below. The application package should include the following:
 - an official transcript including the most recently completed coursework
 - a 2.5 cumulative GPA on an overall 4.0 scale
 - a summary of work and /or extra-curricular activities
 - a minimum of three(3) letters of recommendation of which none can be from a family member
 - an acceptance letter from the school of choice for first time or transferring students
 - a cover letter by the applicant detailing financial need and reasons for consideration

Please note: All must be submitted by 4:00p.m. central daylight time of deadline date of June 20th for Fall semester and December 30th for Spring semester.

SCHOLARSHIP LIMITATION

Prior scholarship recipients are eligible to apply for a maximum lifetime scholarship award of four (4) semesters per individual. Applicants must submit a completed application package for each semester in which they intend to apply.

**Excerpt from ARTICLE II, DEMCO Foundation Bylaws
Definition of DEMCO Member:**

“For the purposes of these Articles of Incorporation, DEMCO members are defined as those individuals who are members of Dixie Electric Membership Corporation and the members of their immediate family. Members of the immediate family shall mean those natural persons regularly residing in the member's home which is served by DEMCO.”

**DEMCO FOUNDATION
1810 S. RANGE AVE, STE 2
DENHAM SPRINGS, LA 70726
PHONE (225) 665-0317**