

SCHOLARSHIP PROGRAM APPLICATION MEMBER COOPERATIVE

Basin Electric Power Cooperative - Member Cooperative Scholarship Program									
	Scholarsh	nip Subm	nittal R	equirer	nen	nts			
The student is responsible for submitting all materials on time. Incomplete applications will not be evaluated.									
	1. Complete this application (attach additional sheets if necessary). Your name and address should be on all attachments. Completeness and neatness ensure your application will be evaluated appropriately.								
	 Recent academic transcript whether it is from a high school, college, university, or trade school. <u>CURRENT COLLEGE FRESHMAN</u> - Judges will screen and require more than one semester or quarter of grades. If this applies to you, submit your high school transcript. 								
	3. Copy of your college entrance examination (ACT and/or SAT) scores. (College Freshman Only)								
	challenges should be addressed?								
	5. Applicant appraisal.								
 6. Send this application and all supporting documentation to your member cooperative. (Each member cooperative will be responsible for selecting finalists in these categories). Cooperative applications MUST be sent to the cooperative. 									
	Completed applications must be received by MWEC by February 11 th .								
All scholarship entries are confidential and will only be viewed by the Basin Electric Power Cooperative or member cooperative selection committee.									
	Ap	plicant l	Inform	ation					
App	licant Name:	Но	me Ph	one:	Со	llege Pho	one:	Last 4 Digits of SSN#:	
	manent Address (Street/PO Box):	City:		State		Zip:	Emai	il:	
Mother's Name: Father's Name:									
Student's Parent is:									
Cooperative System Name:									
Cooperative Location (City, State, Zip):									
High School Name and Address from which you graduate or will be graduating this spring:									
Activities, Community Involvement, Achievements, and/or Honors:									

Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address, and name of this scholarship program should be included on all attachments.								
	Work Exp							
Describe your work experience (e.g. food server, babysitting, lawn mowing, and office work). Indicate dates of								
employment for each job and approxima	te number of h	ours worked	each w			Hours por		
Employer/Po	osition			From (Mo/Yr)	To (Mo/Yr)	Hours per Week		
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Goals and Aspirations								
Write a brief summary of your plans as they relate to your educational and career objectives and long-term goals.								
	Educa	ation						
High School Seniors - must include a transcript and complete this section. Students currently or previously enrolled in college or vocational-tech schools - must include college transcripts of grades. Completion of ACT and/or SAT tests is not necessary.								
GPA:								
ACT Scores:								
English: Math:	Reading: _		Science: Comp:					
SAT I Scores:								
Verbal: Math:								
	Sch	ool						
Name and address of accredited school	you plan to atte	end in the fa	ll of the	year:				
Name City				State				
4-Yr. College or University 2-	☐ 4-Yr. College or University ☐ 2-Yr. Community or Junior College ☐ Vocational-Technical School							
What will your class status be this fall?								
Major Course of Study:		Minors:						

	Essay Question	า (Re	equired)						
As part of the application, you are required to compose and submit an essay. The essay should be no more than one page, typed with a font size no smaller than 12 point, and double-spaced on 8 ½ X 11" size paper. Include your name on the top right-hand corner of the essay.									
What challenges face rural electric cooperatives in the coming years and how do you think challenges should be addressed?									
(Applicant Signature)		(Date)							
Applicant Appraisal (Required)									
To the applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.									
<u>To the adult appraiser</u> : You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.									
The applicant's choice of a post- secondary educational program is:	☐ Extremely Appropriate		Very propriate	☐ Modera Appropria		∐ Inappropriate			
The applicant's achievements reflect	Extremely		Very Well	Modera		Not Well			
his/her ability:	Well		very vven	Well	atery	☐ Not well			
The applicant's ability to set realistic and attainable goals is:	Excellent		Good	☐ Fair		Poor			
The quality of the applicants commitment to school and/or community is:	☐ Excellent		Good	☐ Fair		Poor			
The applicant is able to seek, find, and use learning resources:	☐ Extremely Well		Very Well	☐ Modera Well	ately	☐ Not Well			
The applicant demonstrates curiosity and initiative:	Extremely Well		Very Well	☐ Modera	ately	☐ Not Well			
The applicant demonstrates good problem-solving skills, follows through, and completes tasks:	Extremely Well		Very Well	Modera Well	ately	☐ Not Well			
The applicant's respect for self and other is:	Excellent		Good	☐ Fair		Poor			
Comments:									
	_								
Appraiser's Name: Title:			Organization	ı: Phon		e No.:			
(Appraiser Signature)				(Date)					