

## SCHOLARSHIP PROGRAM APPLICATION MEMBER COOPERATIVE

Basin Electric Power Cooperative - Member Cooperative Scholarship Program									
Scholarship Submittal Requirements									
The	The student is responsible for submitting all materials on time. Incomplete applications will not be evaluated.								
	1. Complete this application <i>(attach additional sheets if necessary)</i> . Your name and address should be on all attachments. Completeness and neatness ensure your application will be evaluated appropriately.								
	2. Recent academic transcript whether it is from a high school, college, university, or trade school. <a href="CURRENT COLLEGE FRESHMAN">CURRENT COLLEGE FRESHMAN</a> - 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 examina	ation (AC	T and/	or SA7	) scores. (	College	Freshman Only)		
	4. Essay –								
Describe a way you've personally benefited from the presence of your local electric cooperative — directly or indirectly.									
	5. Letter of Recommendation- can not be from a parent or family member.								
	6. Send this application and all supporting documentation to: bschecher@wrctc.coop OR Grand Electric Co-op, PO Box 39, Bison, SD 57620.								
	<ol><li>Please include a photo of yourself with your application. Grand Electric Co-op will use the photos of the two winners in publications and on social media pages.</li></ol>								
	DEADLINE	_				006			
	DEADLINE:	. re	bru	ıar	y 2, 1	202	26		
	Grand Electric must submit their finali	sts to Ba	sin Ele	ectric F	Power Coop	perativ	e by <b>March 1</b> st.		
All scholarship entries are confidential and will only be viewed by the Basin Electric Power Cooperative or Grand Electric Cooperative selection committee.									
	Ар	plicant l	Inform	ation					
Applicant Name:		Но	me Phone: (		College P	hone:	Last 4 Digits of SSN#:		
Permanent Address (Street/PO Box):		City:		State	: Zip:	Ema	ail:		
Mot	her's Name:		Fath	 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 Experience									
Describe your work experience (e.g. food server, babysitting, lawn mowing, and office work). Indicate dates of employment for each job and approximate number of hours worked each week.									
Employer/Position	From (Mo/Yr)	To Hours per (Mo/Yr) Week							
Goals and Aspirations									
Write a brief summary of your plans as they relate to your educational goals.	l and career objec	tives and long-term							
Education									
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:									
	cience:	Comp:							
SAT I Scores:									
Verbal: Math:									
School									
Name and address of accredited school you plan to attend in the fall of	<u> </u>								
Name	City	State							
4-Yr. College or University 2-Yr. Community or Junior College	ege	nal-Technical School							
What will your class status be this fall?									
Major Course of Study:  Minors:									

Essay Question (Required)											
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.											
Describe a way you've personally benefited from the presence of your local electric cooperative - directly or indirectly.											
(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.											
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To the adult appraiser: 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 the	his section.										
The applicant's choice of a post-	☐ Extremely	☐ Very	☐ Modera								
secondary educational program is:	Appropriate	Appropriate	Appropria		Inappropriate						
The applicant's achievements reflect	☐ Extremely	☐ Very Well	☐ Modera	ately	☐ Not Well						
his/her ability:	Well		Well								
The applicant's ability to set realistic and attainable goals is:	Excellent	Good	☐ Fair		Poor						
The quality of the applicants	Excellent	Good	☐ Fair		Poor						
commitment to school and/or											
community is:											
The applicant is able to seek, find, and	☐ Extremely	☐ Very Well	☐ Modera	ately	☐ Not Well						
use learning resources:	Well		Well								
The applicant demonstrates curiosity	☐ Extremely	☐ Very Well	☐ Modera	ately	☐ Not Well						
and initiative:	Well		Well								
The applicant demonstrates good	☐ Extremely	☐ Very Well	☐ Modera	ately	☐ Not Well						
problem-solving skills, follows through,	Well		Well								
and completes tasks:											
The applicant's respect for self and other is:	Excellent	Good	☐ Fair		Poor						
Comments:			•								
Appraiser's Name: Title:		Organization	n: Phon		e No.:						
		L									
(Appraiser Signature)			(Date)								