



SCHOLARSHIP PROGRAM APPLICATION MEMBER COOPERATIVE

Basin Electric Power Cooperative - Member Cooperative Scholarship Program

Scholarship Submittal Requirements

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.
- 2. Recent academic transcript whether it is from a high school, college, university, or trade school. **CURRENT COLLEGE FRESHMAN** - 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*)
- 4. **Essay** -
Describe how a cooperative can build a culture to best serve its members.
- 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.

Check with your local rural electric cooperative for deadline dates.

Member cooperatives' must submit their finalists to Basin Electric Power Cooperative by **March 1st**.

All scholarship entries are confidential and will only be viewed by the Basin Electric Power Cooperative or member cooperative selection committee.

Applicant Information

Applicant Name:	Home Phone:	College Phone:	Last 4 Digits of SSN#:
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Permanent Address (<i>Street/PO Box</i>):	City:	State:	Zip:	Email:
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Mother's Name:	Father's Name:
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Student's Parent is: Member Cooperative Employee
 Member Cooperative Consumer

Cooperative System Name:

Cooperative Location (*City, State, Zip*):

High School Name and Address from which you graduate or will be graduating this spring:

Activities, 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 (Mo/Yr)	Hours per Week

Goals and Aspirations

Write a brief summary of your plans as they relate to your educational and career objectives and long-term goals.

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:

English: _____ Math: _____ Reading: _____ Science: _____ Comp: _____

SAT I Scores:

Verbal: _____ Math: _____

School

Name and address of accredited school you plan to attend in the fall of the year:

Name	City	State

4-Yr. College or University 2-Yr. Community or Junior College Vocational-Technical School

What will your class status be this fall? Freshman Sophomore Junior Senior

Major Course of Study:

Minors:

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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 how a cooperative can build a culture to best serve its members.

(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.

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 this section.**

The applicant's choice of a post-secondary educational program is:	<input type="checkbox"/> Extremely Appropriate	<input type="checkbox"/> Very Appropriate	<input type="checkbox"/> Moderately Appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability:	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
The applicant's ability to set realistic and attainable goals is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicants commitment to school and/or community is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find, and use learning resources:	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
The applicant demonstrates curiosity and initiative:	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks:	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
The applicant's respect for self and other is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments:

Appraiser's Name:

Title:

Organization:

Phone No.:

(Appraiser Signature)

(Date)