BIG HORN COUNTY ELECTRIC COOPERATIVE SCHOLARSHIP APPLICATIONS FOR 2024-2025

NAME:	(Last)	(First)	(Middle)
HOME ADDRESS	:		
BIRTHDATE:	(MO/DAY/YEAR)	SOCIAL SECURITY #:	PHONE #:
PARENTS' NAME	:(S):		
HIGH SCHOOL/C	OLLEGE ATTENDING:		
NAME AND MAI	LING ADDRESS OF SCHOOL Y	OU WILL BE ATTENDING IN THE FALL OF THE	YEAR:
AWARDS OR HO	NORS RECEIVED:		
HIGH SCHOOL/C	OLLEGE & COMMUNITY AC	TIVITIES:	
HIGH SCHOOL O during school ye		ISTORY (list employer, position, number of hou	urs worked weekly and if job was
FUTURE CAREER	GOALS:		
	Complete this form by	typing or printing (attach additional sheet	s if necessary).
Enclose a copy of your college entrance examination (ACT and /or SAT) scores.			
Enclose a copy of your most recent academic transcript.			
Include a letter of recommendation from a teacher, counselor, employer, or manager.			
Return completed application with applicant's signature to BHCEC BY FEBRUARY 16th, 2024.			
Applicant's parent(s) must be a member/consumer of Big Horn County Electric Cooperative.			
All scholarship entries are confidential and will only be viewed by the Scholarship Committee.			
Applications will not be considered unless the above required information is complete.			
	Please o	lo not staple application and attachments.	
Applicant		Date	