

CBH CO-OP Scholarship Application

Legal Name (in full) _____
(Print/Type) Last First MI

Permanent Residence _____
Mailing Address _____
City State Zip

Home Phone _____ Birth Date _____

Cell Phone _____ Email _____

High School _____ Year of Graduation _____

GPA _____ Class Rank & Size of Class _____ ACT Score _____ SAT Score _____

College/School Attending _____ Major _____

Parent or Guardian _____ Parent Email _____

Parent Phone # _____

Parent/Guardian Co-op Member Account Number _____

Cooperative account/membership must be in good standing

Enclose your most recent academic transcript

Enclose a short essay on: "What it means to be a Co-op member"

I have read and understand the qualifications for the CBH CO-OP Scholarship. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date _____ Signature _____

Please return the application to:
CBH CO-OP
Scholarship Selection Committee
1206 S Douglas Hwy
Gillette, WY 82716

SCHOLARSHIP DEADLINE: Midnight of March 1, 2024