

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 _____

College _____
(If Applying as a College Student)

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

College/School Attending _____ Major _____

Parent or Guardian _____ Parent Email _____

Parent Phone # _____

Parent/Guardian Coop Member Account Number _____

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: March 1st, 2020