

CENTRAL WISCONSIN ELECTRIC COOPERATIVE TRUST

"Neighbors Helping Neighbors"

P.O. Box 100 Rosholt, WI 54473 Phone: 715-677-2211 Toll Free: 1-800-377-2932

APPLICATION DEADLINE Wednesday, April 1, 2020

FIRST TIME APPLICATION

SCHOLARSHIP APPLICATION

Name:	Parents:	
Address:	Does Central Wisconsin Electric Co-op provide electricity to yours or your parents' home? Have you previously received a scholarship from CWEC?	
Phone:	Email	
Which College or Tech School will/are	e you attending? What are your career plans?	
High School Organizations & Commun	nity Volunteer Work:	

Please list your high	school:		
Your hopes, aspiration	ons for the future:		
Any other informatio	n you would like us to	o consider:	
List 3 References—T	Ceachers, Clergy, Com	munity Leaders or Others.	
Name		Phone Number	
Position			
Name		Phone Number	
Position			
Name		Phone Number	
Position			
		ned in this application is true and sed for one of the following – to	nd I promise that any scholarship I uition, books or housing.
Signature	Date	_	