

APPLICATION DEADLINE Wednesday, April 1, 2020

REPEAT APPLICATION

SCHOLARSHIP APPLICATION

Name:	Parents:
Address:	Does Central Wisconsin Electric Co-op provide electricity to yours or your parents' home?
Phone:	Email
Which College or Tech School are you atte	ending? What are your career plans?
College/Tech School Organizations & Cor	nmunity Volunteer Work:

Please	list yo	our hon	netown
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Your hopes, aspirations for the future:

Any other information you would like us to consider:

List 3 References—Teachers, Clergy, Community Leaders or Others.

Name

Phone Number

Position

Name

Phone Number

Position

Name

Phone Number

Position

I hereby certify that the information contained in this application is true and I promise that any scholarship I receive from Operation Roundup will be used for one of the following – tuition, books or housing.

Signature