

# CBH CO-OP Scholarship Application

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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

**OR**

Email to: [CBH\\_Scholar@cbhcoop.com](mailto:CBH_Scholar@cbhcoop.com)

SCHOLARSHIP DEADLINE: May 1<sup>st</sup>, 2019