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| BEPC | **Missouri Basin Power Project Scholarship Program**  **Application** |  |

Please complete the form below.

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| **Applicant Information** | | | | | | | | | | | |
| Applicant Name: | | Home Phone: | | Cell Phone: | | | | Last 4 Digits of SSN#: | | | | |
| Permanent Address *(Street/PO Box)*: | | City: | State: | | Zip: | | Email: | | | | | |
| High School Name and Address from which you graduated or will be graduating this spring: | | | | | | | | | | | | |
| Participation in school and community activities: | | | | | | | | | | | | |
| If space provided in any section is inadequate, you may continue on additional sheets. Your name, address, and name of this scholarship program should be included on all attachments. | | | | | | | | | | | | |
| **Work Experience** | | | | | | | | | | | | |
| Describe your work experience *(e.g. food server, babysitting, lawn mowing, and office work)*. Indicate dates of employment for each job and approximate number of hours worked each week. | | | | | | | | | | | | |
| Employer/Position | | | | | | | From *(Mo/Yr)* | | | To *(Mo/Yr)* | | Hours per Week |
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| **Goals and Aspirations** | | | | | | | | | | | | |
| Write a brief summary of your plans as they relate to your educational and career objectives and long-term goals. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Education** | | | | | | | | | | | | |
| An unofficial transcript must be included with this application. | | | | | | | | | | | | |
| GPA: | | | | | | | | | | | | |
| **School** | | | | | | | | | | | | |
| Name and address of Undergraduate, Vo-tech or trade school you plan to attend in the fall of this year: | | | | | | | | | | | | |
| **Name** | | | | | **City** | | | | | | **State** | |
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| **Essay Question** ***(Required)*** | |
| Describe how your local Co-op provides value to our local community.. | |
|  | |
|  |  |
| *(Applicant Signature)* | *(Date)* |

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| **Applicant Appraisal *(Required)*** | | | | |
| Include a written recommendation from someone involved in the field you are pursuing. | | | | |
|  | | | | |
| Appraiser’s Name: | Title: | Organization: | | Phone No.: |
|  | | |  | |
| *(Appraiser Signature)* | | | *(Date)* | |

**Return completed form by March 1, 2025 to:**

**mmunson@bepc.com**

**or**

**Basin Electric Power Cooperative**

**Attn: Missy Munson**

**1717 E Interstate Ave**

**Bismarck, ND 58503**

Any questions, please call Missy Munson at 701-557-5463