

# ROCK ENERGY COOPERATIVE 2012 SCHOLARSHIP APPLICATION

(TO BE FILLED OUT BY STUDENT)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ High School Attending: \_\_\_\_\_

Home Address (City, State, Zip): \_\_\_\_\_  
\_\_\_\_\_

Rock Energy Cooperative Account Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number in Household: \_\_\_\_\_ Number currently in post high school education: \_\_\_\_\_

Name of school you plan to attend next year: \_\_\_\_\_

Majors & Minors you intend to pursue: \_\_\_\_\_

Total cost of school minus any contributions from you and your family (per yr.): \_\_\_\_\_

On a separate page(s) please answer the following:

1. List high school clubs, community activities, and any job experiences you have been involved in. Please give dates and any offices or positions held.
2. What field(s) are you planning to study and why?
3. In your own words describe the function of a cooperative and the advantages that it offers its members. List any experiences you have had with the cooperative. (Minimum of two paragraphs in length).
4. Briefly give any other information that you feel is pertinent to this application.

Please read and sign this statement:

I give my permission to release this application and a transcript of my high school records to any appropriately designated local scholarship committee.

Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

(If applicant is under 18)

Email Address: \_\_\_\_\_

**This form must be completed and returned with a *senior picture* by January 15, 2012.  
Incomplete applications will not be considered.**

**ROCK ENERGY COOPERATIVE**  
**2012 SCHOLARSHIP APPLICATION**  
(TO BE FILLED OUT BY THE PRINCIPAL OR COUNSELOR)

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Name of high school: \_\_\_\_\_

Applicant's rank in class: \_\_\_\_\_

Number in graduating class: \_\_\_\_\_

Test Scores (please list test name and how student ranks in the state percentiles):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include additional comments at this time:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date & Time of Awards Ceremony: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Guidance Office Phone (ext. # if any): \_\_\_\_\_

**Please attach a copy of student's transcripts with this form.**  
**This form must be completed and returned with the student's copy by January 15, 2012.**