

Scholarship Application

Is Barron Electric Cooperative your electric Provider?

YES

NO If no, unfortunately you are not eligible for this scholarship

Student Information						
First & Last Name:						
Street Address Served by Barron Electric:						
City:		State:		Zip Code:		
E-Mail:						
	Please provide d	lease provide an email address you can be reached at after graduation				
Phone:		Hi	igh School:			
Name of	of Guardian:			Name of Guardian:		
High S	chool Activiti	es:				
Please provide an attachment if needed.						
Work Experience:						
Ple	ease provide an a	ttachment if needed.				
Are you related to an employee Are you related to a board member						
	of Barron Electric? If yes, please list:			of Barron Electric? If yes, please list:		
Please submit your Senior Photo as a .jpg to memberservices@barronelectric.com and include your full name and the school you attend.						
Senior Photo Submitted Yes No						
College/University/Technical Institute Information						
Which College/University/Technical Institute will you be attending?						
Program Length:				College Major or To	College Major or Technical Program:	
Scholarship Presenation Information						
Date of	f Scholarship I	Presentation:		Time and Location of	of Presentation:	
	800-322	-1008	barron	electric.com	f 🖸 🖻	