

2017 Scholarship Application

| Student Information: | | | |
|--|--|---|--|
| Name: | Address: | | |
| City: | State: | Zip: | |
| Email: | | Phone: | |
| Name of High School: | | Date of Graduation: | |
| The following information is to be included i To be eligible for this scholarship, the applican I am a dependent of a PRECorp mem If no account number, please enclose | t MUST be a dependent of an active meml ber. My PRECorp account number: | ber of Powder River Energy Corporation. | |
| \Box I am a graduating high school studen | t 🗌 I am currently a full-tir | ne college student | |
| Full Name: Father/Guardian: | | Employer: | |
| Full Name: Mother/Guardian: | | Employer: | |
| I plan to attend school at: | | Beginning: | |
| Please provide address of college Financia College Address: | | | |
| City: | State: | Zip: | |
| College Contact: | | Phone: | |
| Please complete the following: (scores whe | re applicable) | | |
| ACT SAT | G.P.A Class | Rank Out Of | |
| Miscellaneous Information: (attach a Attach transcript of grades (can be from On Page 2 of this application complete Submit a current letter of reference from | n online). the list of profile questions | er. | |
| E-mail applications to: <u>communication</u> Or, mail applications and other documentat Powder River Energy Corporation Attn: Marketing Communications Division PO Box 930, Sundance WY 82729 For more information: go to <u>http://precorp.cc</u> | ion to: | ECorp Scholarship application | |
| Deadline: Must be received in | ler application on your mobile phone. | 7. Postmarks do not qualify. | |
| UNDANCE – CORPORATE HEADQUARTERS | GILLETTE | SHERIDAN | |

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 SHERIDAN

 1095 E. Brundage Lane
 • Sheridan, WY 82801

 (800) 442-3630 Phone
 • (307) 674-9018 Fax

www.precorp.coop

| Please complete the list of profile questions to give the committee a good picture of yourself. Use additional sheets if necessary. | Office Use Only | |
|--|-----------------------|--|
| Please list Leadership activities you have participated in: | | |
| Work experience: | | |
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| | | |
| Community involvement: | | |
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| | | |
| School activities: | | |
| | | |
| | | |
| Leadership roles: | | |
| | | |
| Extracurricular activities: | | |
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| Please share information on financial need. | | |
| Number of dependents in your family: | | |
| Number of siblings already attending college: | | |
| Do you live in a single-parent household?: | | |
| | | |
| Please list other scholarships you know you will be receiving: | | |
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| Please tell us any other information about special skills, extenuating circumstances, or unique situations we should know that will help us make our decision. | | |
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