ADKINS Lineworker Scholarship Application

APPLICATION MUST BE RECEIVED BEFORE MAY 1st

In addition to the information below, the applicant must also provide 2 letters of recommendation and a transcript of grades from any educational institution attended within the past three (3) years.

Required Information (Please Print)

Name			Date of Birth			
Last Name	First Name	Middle Name	MM/DD/YYYY			
Address						
Street or PO Box Telephone Number	City Email Address		State Zip Code Social Security Number			
()	Linaii Address		Social Security Number			
()						
Are you a citizen of the United States?			YES	NO		
If no, are you prevented from lawfully becoming employed in this country			TYES			
because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon enrollment.				NO		
Do you have a valid driver's license?			YES	NO		
Are you at least 18 years of age?			YES NO			
Have you received your high school diploma or G.E.D. certificate?			YES	NO		
Are you currently enrolled in high school, college, or technical school?			YES	NO		
Have you ever been employed by an electric cooperative?			YES	NO		
Do you have prior experience as a lineworker? (Please explain)			YES	NO		
Are you willing to relocate to attend a tr	aining school?		YES NO			
Have you been convicted of a felony within the last 7 years? If yes, please explain.			YES	NO		
Conviction will not necessarily disqu	ialify an applicant fro	m consideration.				
Applicant's Statement						
I understand that I am obligated to notify and apply at each Wyoming electric cooperative upon completion of the lineworker program and failure to do so will require me to repay the monies received.						
I certify that answers given herein are true and complete to the best of my knowledge.						
I authorize investigation of all statements contained in this application as may be necessary for scholarship						
In the event I receive the scholarship, I understand that false or misleading information given in my application or interview(s) may result in forfeit of the scholarship. I understand, also, that I am required to abide by all scholarship regulations as outlined by the Adkins Scholarship Guidelines.						
Signature of	Applicant		 Date			

HIGH SCHOOL DATA				
School Name				
Graduation Date (MM/YY)				
Address				
Street or PO Box	City		State	Zip Code
POST SECONDARY SCHOOL DA	ιΤΑ			
School Name				
Address				
Street or PO Box	Citv		State	Zip Code
School Name				
Address				
Street or PO Box	Citv		State	Zip Code
Intended major or field of study		Anticipated date of g	raduation	
WORK EXPERIENCE: Describe your wanumber of hours worked each week. Position and Company/Organization			ates of employment in	
GOALS AND ASPIRATIONS: Write goals in the electric energy industry. Additional sheet	a paragraph describing your edu et may be used.	ucational plans as the	ry relate to your careel	objectives and future

LETTERS OF RECOMMENDATION: Please include two letters of recommendation from teachers or employers.

<u>Please send the completed application, official transcript and two letters of recommendation to WREA, Attn: Adkins Scholarship, 2312 Carey Ave., Cheyenne, WY 82001. It must be received no later than May 1st.</u>