

2024 Application - High School Graduate

Applicant Information

Name:	
Mailing address:	
E-mail address:	
Telephone number:	Date of birth:
area code	month / day / year
Member Information (parent, guardian, or a	applicant if applicant is a member)
Name:	
Relationship to applicant:	
Valley REC account number:	Valley REC member number:
X	
Applicant signature	Date
X	
Parent/guardian signature	Date
(if applicant is under age 18)	

Required Items

Please furnish the following:

- your completed application
- your official high school transcript in one of these two formats:
 - a paper copy in a sealed and unopened envelope from the school or a transcript service
 - an electronic copy e-mailed directly from a transcript service or a school employee to us
- if you have taken SAT or ACT tests, a copy of your SAT or ACT score(s)
- your official transcript(s) from any post-secondary institutions attended in one of the formats listed above for high school transcripts

Application Deadline – March 31, 2024

Applications and all required information must be (a) mailed to Valley Rural Electric Cooperative at the address below, (b) e-mailed to brighterfuture@valleyrec.com, or (c) delivered to one of our offices by March 31, 2024 (postmarked by that date if mailed or time-stamped by that date if e-mailed).

Please direct questions to brighterfuture@valleyrec.com or call 1-800-432-0680.

Brighter Future Scholarship Program Valley Rural Electric Cooperative PO Box 477 Huntingdon, PA 16652-0477

For ınternal	use only –	IL) num	ber:
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High School Information

Ye	ar graduated: or Year GED earned:	
Ту	pe of high school (select only one): public private charter home-schooled other (please specify)	
Sc	hool name:	
Ma	ailing address:	
Po	st-Secondary Information (use back of page if needed)	
	emplete this section <i>only if</i> you have taken post-secondary coursework. List all schools, starting with a most recent.	
1.	Accredited school:	
	Mailing address:	
	Area/program of study:	
	Number of credits completed or degree/certificate obtained:	
	Dates attended: to month / year	
	month / year month / year	
2.	Accredited school:	
	Mailing address:	
	Area/program of study:	
	Number of credits completed or degree/certificate obtained:	
	Dates attended: to	
	month / year month / year	
3.	Accredited school:	
٥.	Mailing address:	
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	Area/program of study:	
	Dates attended: to	
	Dates attended: to month / year month / year	



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Post-Secondary Education Plans (full-time status required)

1. Accredited school:	
Mailing address:	
Intended area/program of study:	
1 & 3	month / year
What degree/certification/license will you obtain?	,
2. Accredited school:	
Mailing address:	
Intended area/program of study:	Intended start date:
1 5 7	month / year
What degree/certification/license will you obtain?	
3. Accredited school:	
Mailing address:	
	*
Intended area/program of study:	
	month / year
What degree/certification/license will you obtain?	



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Activities and Awards (use back of page if needed)

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List your school-related activities, including years of involvement, positions held. <i>Post-secondary:</i>
High school:
Tigh school.
List your non-school activities, including volunteer work, community service, civic organizations, etc. (specifying years of involvement, positions held).
List any honors, awards, or accomplishments.

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Employment Information

•		es No (select one) starting with current or most recent. (Use back of page if needed.)
Employer:		
City, state:		
Position:		
Dates employed:		to
		month / year
Employer:		
City, state:		
Position:		
Dates employed:		to
	month / year	month / year
Employer:		
City, state:		
r osition.		
Dates employed:		to
	month / year	month / year
Employer:		
City, state:		
Position:		to
Dates employed:		to
		month / year

For Non-traditional Age Students Only (returning to school after several or more years of absence)

If you are a non-traditional age student, please list your reason(s) for continuing your education.