MONTANA ELECTRIC COOPERATIVES' ASSOCIATION MEMORIAL SCHOLARSHIP

APPLICANT OR PARENT/GUARDIAN MUST BE A MEMBER OF A VIGILANTE ELECTRIC COOPERATIVE

NAME:	PHONE	EMAIL
EMAIL ADDRESS:		<u> </u>
HOME ADDRESS:		
Street/Box/RR	City, State, Zip	 _
PARENT'S NAME:		
COOPERATIVE NAME:		_
COOPERATIVE ACCOUNT NUMBER:		
BIRTH DATE:		
HIGH SCHOOL ATTENDING/ATTENDED:		
HIGH SCHOOL GPA:	CLASS RANKING:OF	
COLLEGE/SCHOOL PLANNING TO ATTE	END:	
COLLEGE/SCHOOL ATTENDING:		_
YOUR APPLICATION WILL BE JUDGED	BASED ON THE FOLLOWING COMPONENTS:	
 20% Academic Strength (as den 20% Activities in School and Cor 20% Employment, Volunteerism 40% Personal Statement 		nal testing scores)
ATTACH INFORMATION IN REGARDS TO):	
 service High School and/or College employer, position, hours wor Personal Statement 	onors received and a description of any extracurrice oyment ked weekly pertaining to school year and/or summe munity/work activities will influence your goals and	er employment
One letter of recommendation		
APPLICANT'S SIGNATURE:	DATE:	

RETURN COMPLETED APPLICATION WITH APPLICANT'S SIGNATURE TO VIGILANTE ELECTRIC COOPERATIVE NO LATER THAN

January 26, 2024