## MONTANA ELECTRIC COOPERATIVES' ASSOCIATION MEMORIAL SCHOLARSHIP

NAME:	PHONE	EMAIL
EMAIL ADDRESS:		
HOME ADDRESS:		
	Street/Box/RR	City, State, Zip
PARENT'S NAME:		
COOPERATIVE NAME: VIGILANTE ELECT	RIC COOPERATIVE	
COOPERATIVE ACCOUNT NUMBER:		
BIRTH DATE:		
HIGH SCHOOL ATTENDING/ATTENDED:_		
HIGH SCHOOL GPA: (	LASS RANKING: OF	
COLLEGE/SCHOOL PLANNING TO ATTE	D:	
COLLEGE/SCHOOL ATTENDING:		-
YOUR APPLICATION WILL BE JUDGED E	ASED ON THE FOLLOWING COMPONENTS:	
<ul> <li>20% Academic Strength (as dem</li> <li>20% Activities in School and Con</li> <li>20% Employment, Volunteerism,</li> <li>40% Personal Statement</li> </ul>		onal testing scores)
ATTACH INFORMATION IN REGARDS TO		
<ul> <li>High School and/or College employer, position, hours work</li> <li>Personal Statement</li> </ul>	ors received and a description of any extracurri <b>/ment</b> ad weekly pertaining to school year and/or sumr unity/work activities will influence your goals and	ner employment
APPLICANT'S SIGNATURE:	DATE:	

RETURN COMPLETED APPLICATION WITH APPLICANT'S SIGNATURE TO VIGILANTE ELECTRIC COOPERATIVE NO LATER THAN January 24, 2025