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www.vec.coop · contact@vec.coop

Vigilante Electric Cooperative Leadership Award

NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

Street/Box/RR

City, State, Zip

PARENT'S NAME: _____

VEC ACCOUNT NUMBER: _____

BIRTH DATE: _____

HIGH SCHOOL ATTENDING/ATTENDED: _____

COLLEGE/SCHOOL PLANNING TO ATTEND: _____

- Applicant or parent/guardian must be a member of Vigilante Electric Cooperative.
- Return signed and dated application.
- Provide a brief narrative about what you are planning on studying and why.
- Past recipients of VEC Leadership Award are not eligible.

APPLICANT'S SIGNATURE: _____ DATE: _____

RETURN COMPLETED APPLICATION WITH APPLICANT'S SIGNATURE TO

VIGILANTE ELECTRIC COOPERATIVE

January 25, 2023