MONTANA ELECTRIC COOPERATIVES' ASSOCIATION MEMORIAL SCHOLARSHIP

APPLICANT OR PARENT/GUARDIAN MUST BE A MEMBER OF A MONTANA ELECTRIC COOPERATIVE AND YOUR LOCAL ELECTRIC COOPERATIVE MUST BE A MEMBER OF MONTANA ELECTRIC COOPERATIVES' ASSOCIATION

NAME:	P	HONE	
HOME ADDRESS:Street/Box	/RR	City, State, Zip	
PARENT's NAME:			_
COOPERATIVE NAME:			
COOPERATIVE ACCOUNT NUMBER:			_
BIRTH DATE:	_		
HIGH SCHOOL ATTENDING/ATTEND	ED:		
HIGH SCHOOL GPA:	CLASS RANKING:	OF	
COLLEGE/SCHOOL PLANNING TO ATTEND:			
COLLEGE/SCHOOL ATTENDING:			
YOUR APPLICATION WILL BE JUDG	ED BASED ON THE FOLLOW	/ING COMPONENTS:	
 20% Activities in School and 	demonstrated by rigors of court Community, Awards & Honors rism, and Community Service		al testing scores)
Grades	.		
 Attach a copy of your school t ACT/SAT scores Attach a copy of your scores Activities in School & Communication 	unity		
résumé-style format	received and a description of a	ny extracurricular activitie	es and volunteer service in a
	mployment worked weekly pertaining to so	chool year and/or summe	r employment
should be no more than two,		nfluence your goals and c	areer choice. This statement
One letter of recommendation	1		

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

APPLICANT'S SIGNATURE: _____ DATE:____

January 24, 2020

Call your local cooperative for application deadline as some cooperatives have an earlier deadline date.