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:PHONE			_ EMAIL
EMAIL ADDRESS:	Larme Claric or Land		u cola Electric Cons
	t/Box/RR	City, State, Zip	onios El révol es indi
PARENT'S NAME:	ParkyEtactric Co		oni salapid macino
COOPERATIVE NAME:	Kavallı County İ		of sales Easin nu
COOPERATIVE ACCOUNT NUM	BER:		_
BIRTH DATE:			
HIGH SCHOOL ATTENDING/AT	TENDED:		
HIGH SCHOOL GPA:	CLASS RANKING:	OF	
COLLEGE/SCHOOL PLANNING	TO ATTEND:	A.E	Swell Yellewslona Ri
COLLEGE/SCHOOL ATTENDIN	G:	100-1	
20% Academic Streng20% Activities in Scho	JUDGED BASED ON THE FOLLOW th (as demonstrated by rigors of cou ol and Community, Awards & Honors unteerism, and Community Service ent	rsework, GPA and nation	
ATTACH INFORMATION IN REC	GARDS TO:		
service High School and/or Coll List employer, position, Personal Statement Write about how your se	cores ommunity s and/or honors received and a descrete ege employment hours worked weekly pertaining to school/community/work activities will in two, double-spaced typed pages.	chool year and/or summ	er employment
APPLICANT'S SIGNATURE:		DATE:	
DETUDA	LOOMDI ETED ADDI IOATION WIT	II ADDI IOANTIO CIONI	TUDE TO

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

January 26, 2024

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