## 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   |  |
|---|---|--|
| HOME ADDRESS:   |   |  |
| Street/Box/RF   | 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 ATTEND:  |   |  |
| COLLEGE/SCHOOL ATTENDING:   |   |  |
| YOUR APPLICATION WILL BE JUDGED   | BASED ON THE FOLLOWING COMPONENTS:  |  |
| <ul> <li>20% Academic Strength (as de</li> <li>20% Activities in School and Co</li> <li>20% Employment, Volunteerism</li> <li>40% Personal Statement</li> </ul> |   |  |
| ATTACH INFORMATION IN REGARDS 1   | ):  |  |
| High School and/or College employer, position, hours we     Personal Statement  | onors received and a description of any extracurricular activities and volunteer  oyment  rked weekly pertaining to school year and/or summer employment  munity/work activities will influence your goals and career choice. This statem |  |
| APPLICANT'S SIGNATURE:  | DATE:   |  |
| RETURN COMPL  | ETED APPLICATION WITH APPLICANT'S SIGNATURE TO  |  |

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

January 31, 2017