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/RR		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 FOLLOWI	NG COMPONENTS:	
 20% Academic Strength (as del 20% Activities in School and Co 20% Employment, Volunteerism 40% Personal Statement 	mmunity, Awards & Honors	sework, GPA and nationa	al testing scores)
ATTACH INFORMATION IN REGARDS T	0:		
 Grades Attach a copy of your school trans ACT/SAT scores Attach a copy of your scores Activities in School & Communit Attach copies of awards and/or haservice High School and/or College emp	y onors received and a descrip loyment rked weekly pertaining to sch	nool year and/or summe	r employment
APPLICANT'S SIGNATURE:		DATE:	