



P.O. Box 951  
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P.O. Box 287  
Opheim, MT 59250  
Phone (406) 762-3411  
Fax (406) 762-3352

www.norval.coop

## 2018 Scholarship Application

Applicant must be a dependent of a current member of NorVal Electric Cooperative.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Last 4 Digits of Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

High School Attending: \_\_\_\_\_

College you plan to attend: \_\_\_\_\_

Parent/Guardians Names: \_\_\_\_\_

Parent/Guardian's Account Number: \_\_\_\_\_

### **Please Attach:**

- School Transcript
- ACT/SAT Scores
- List of Activities in School & Community
- List of employment, if applicable
- A short essay briefly describing your future goals
- Your senior picture

*Please note: your student identification number will need to be submitted to our office prior to payment being processed. Any applicant who fails to submit his or her SID number will not be paid until the number is provided.*

Return Completed application to NorVal Electric Cooperative

**APPLICATIONS DUE BY MARCH 30, 2018.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applications may be emailed to: leila@norval.coop or mailed to PO Box 951, Glasgow, MT 59230 Attn: Scholarship Committee

*Any incomplete or late applications will not be accepted.*