

NorVal Workforce Development Scholarship Application

Application must be returned to NorVal Electric 6 months prior to your program starting.

Name: _____

Address: _____

Email: _____

Last 4 Digits of Social Security #: _____ Phone #: _____

High School Attending: _____

College you plan to attend: _____

Parent/Guardians Name(s): _____

Parent/Guardian's Account Number: _____

Please Attach:

- An essay on your future plans and a little of your background. Why would you like to receive this scholarship?
- A recent picture, so that we may show your accomplishment in our newsletter.
- List of employment, if applicable.

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.

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

Applicant Signature: _____ Date: _____

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