

Mission Valley Power 36079 Pablo West Road P.O. Box 97 Pablo, MT 59855 (406) 883-7900

MISSION VALLEY POWER 2021 STUDENT SCHOLARSHIP APPLICATION

Award amounts vary based on the number of qualified applicants. All qualifying students graduating High School and current College students are eligible.

Applicants must have lived within the Mission Valley Power service area for at least 5 years. Scholarships will only be awarded to students attending Educational Institutions. GPA (grade point average) must be minimum of 3.0. Scholarships will be considered for those applicants seeking higher education in the fields of: Engineering, Business Administration or Computer Technology.

Your Name:				
	(First)	(M.I.)	(Last)	
Mailing Address:				
PO Box or Street A	ddress	City	State	Zip
Date of Birth:				
Email Address:		Daytime I	Phone:	
I agree to permit the rits appointed Scholars	• • •	ion and my school records by a	anyone representing Mission	Valley Power and
Applicant's Signature:			Date:	
MVP Account Number	r: F	Relationship to account holder	(i.e. son, daughter, etc):	
INSTRUCTIONS:				

Return your completed application along with:

- 1. A school transcript.
- 2. A short essay (300 words or less) that tells your career/future goals and why you should receive a scholarship.
- 3. An acceptance document (from the school or program you plan to attend) OR a copy of an information sheet of the program that you plan to attend in case you have not yet been accepted but hope to be.
- 4. Two letters of reference: one from a school administrator (principal, vice-principal, teacher) and one from a community member such as a business person, a clergy person or any other active community member or a previous employer.

Send the required documents to: Mission Valley Power, Attn: Scholarship Committee, PO Box 97, Pablo MT 59855 or alternately you can submit by email to: ahout@missionvalleypower.org.

Applications must be in MVP's Pablo Office by 4:00 pm on Thursday, April 29, 2021.

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All applicants will receive consideration without discrimination because of race, religion, color, sex, age, national origin, marital status, or handicap.

NAME:		PHONE:		
PART I – SCHOOL	RELATED			
HIGH SCHOOL AT	TENDED/ATTENDING:	HS GPA:		
COLLEGE OR SCHO	OOL ATTENDING (if applicable):	CUMULATIVE GPA:		
	ENT OF GOALS: In 300 words or less, explain arship. Attach statement to this application of	n your career/future goals and why you believe you should on a separate sheet of paper.		
PART III – STATEN	MENT OF FINANCIAL POSITION			
	UNITY ACTIVITES (attach additional sheets i	f necessary)		
	Y SCHOOL RELATED ACTIVITIES AND ANY SP	ECIAL HONORS RECEIVED		
Activity	Dates	Responsibilities		
	Y ACADEMIC AWARDS RECEIVED DURING Y e status of the applicant) AND THE DATE/YE	OUR HIGH SCHOOL YEARS OR COLLEGE YEARS AR RECEIVED		

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NAME:	PHONE:
I will be attending:	
<u> </u>	(Name of School)
(Mailing Address)	(City, State, Zip)
during the academic semester(s) (check the	ose that apply): Fall 2021Winter 2021Spring 2022
Please send my scholarship funds to the f office of the institution in order to endors	nancial aid office of this school. I understand that I must visit the financial a e the check.
This scholarship may be used at any accre monies are designated for tuition, books	dited University or vocational School for the 2021/2022 school year. The or course required materials.
If you have any questions about your scho	larship, call Dalene Gardipe at (406) 883-7908 or (406)883-7900.
Signature	Date
Mailing Address (please print)	
City, State, Zip (please print)	