SUN RIVER ELECTRIC COOPERATIVE
CONTINUING EDUCATION SCHOLARSHIP APPLICATION

DUE DATE: FEBRUARY 26, 2027

Date:_____

Student's Name:_____

Address:_____

City: _____ State:_____ Zip:_____

Phone:_____

Name of Sun River Electric Member (Applicant, Parent, or Guardian):

_____

Name of College, University, or College of Technology Attending:

_____

The application must include a personal statement containing information about future goals, employment, and need. Space is provided on the back of this page.

Please attach a copy of your current college transcript.

Applicant's Signature:_____

Return to: SUN RIVER ELECTRIC COOPERATIVE, INC.
ATTN: LEANNE
PO BOX 309
FAIRFIELD, MT 59436-0309

Personal Statement: _____