

SUN RIVER ELECTRIC COOPERATIVE SCHOLARSHIP APPLICATION

DUE DATE: FEBRUARY 26, 2027

Date: _____

School: _____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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

Name of College, University, or College of Technology Planning to Attend:

The application must include a short essay describing the goals you wish to attain by furthering your education. Space is provided on the back of this page.

Student's Signature: _____

To Be Completed by School Counselor:

Student's GPA: _____

College, University or College of Technology student will be attending:

Counselor's Signature: _____

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

