

**LUCAS FOWLER MEMORIAL
SUN RIVER ELECTRIC COOPERATIVE
ELECTRICAL LINE WORKER SCHOLARSHIP APPLICATION**

DUE DATE: FEBRUARY 28, 2025

Date: _____

School: _____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Electrical Lineman College Planning to Attend: _____

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

Applicant'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

Personal Statement: _____
