

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

MISSION VALLEY POWER 2022 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.

Your Name:				
(First)	(M.I.)	(Last)		
Mailing Address:				
PO Box or Street Address	City	State	Zip	
Date of Birth:	·			
Email Address:	Daytime	Daytime Phone:		
I agree to permit the review of this applic its appointed Scholarship Review Commit	·	anyone representing Missio	n Valley Power and	
Applicant's Signature:		Date:		
MVP Account Number:	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 progam 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, March 31, 2022.

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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 I	RELATED		
HIGH SCHOOL ATT	ENDED/ATTENDING:		HS GPA:
COLLEGE OR SCHO	OOL ATTENDING (if applicable):		CUMULATIVE GPA:
STUDENT ID# (if kr	nown):		
	ENT OF GOALS: In 300 words or less, examples. Attach statement to this applica	• •	
PART III – STATEM	IENT OF FINANCIAL POSITION		
PART IV – COMMU	UNITY ACTIVITES (attach additional sho	eets if necessary)	
PART V – LIST ANY	SCHOOL RELATED ACTIVITIES AND A	NY SPECIAL HONORS RECEIVED	
Activity	Dates	Responsibilities	
	Y ACADEMIC AWARDS RECEIVED DURI		OR COLLEGE YEARS

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NAME:	PHONE:					
I will be attending:						
(Name of School)						
(Mailing Address)	(City, State, 2	Zip)				
during the academic semester(s) (check t	those that apply): Fall 2022Winter 2022	Spring 2023				
Please send my scholarship funds to the to office of the institution in order to endors	financial aid office of this school. I understand that I n se the check.	nust visit the financial aid				
This scholarship may be used at any accremonies are designated for tuition, books	edited University or vocational School for the 2022/20 or course required materials.	23 school year. The				
If you have any questions about your sch	olarship, call Addie Hout at (406) 883-7935.					
Signature	Date					
Mailing Address (please print)						
City, State, Zip (please print)						