

PO BOX 369 ● EKALAKA, MT 59324 ● 406-775-8762 Email: info@seecoop.com Webpage: seecoop.com

Southeast Electric Cooperative, Inc. is an equal opportunity provider and employer.

VERNON EMERY MEMORIAL LINEMAN SCHOLARSHIP APPLICATION

NAME & ADDRESS:	
PHONE NUMBER:	EMAIL ADDRESS:
	ress of High School you are attending or attended.)
MONTH & YEAR OF GRADUA	TION FROM HIGH SCHOOL:
OTHER SCHOOLS ATTENDED	: (Dates, Names and addresses of Colleges/Schools you attended
COLLEGE/SCHOOL: (Name and	l address of College/School you will attend this fall.)
HIGH SCHOOL/POST-GRADU necessary.)	IATE ACHIEVEMENTS/HONORS: (Attach additional pages
	ement. (This statement should explain why you chose to go to oals are for the future. Does not need to be more than one
Applicant's Signature	/

