



	Scholarship Application								
1. E	ligib	ity Requirements: le applicants are high school seniors and aduate course of study at an accredited,							
		nust be a dependent of a Mor-Gran-Sou ent residence still with your parent.	Electric mem	ber or a dep	endent o	of a Mor-Gra	n-Sou E	lectric employee with your	
<u>Sch</u>	ola	rship Submittal Requirements:							
The	stud	dent applicant is responsible for submitti	ng all materia	ls on time. In	complet	e application	ns will no	ot be evaluated.	
	1. Complete this application (attach additional sheets if necessary). Your name and address should be on all attachments. Completeness and neatness ensure your application will be evaluated appropriately.								
	 Recent academic transcript whether it is from a high school, college, university, or trade school. <u>CURRENT COLLEGE FRESHMAN</u> - Judges will screen and require more than one semester or quarter of grades. If this applies to you, submit your high school transcript. 								
	3. Copy of your college entrance examination (ACT and/or SAT) scores. (College Freshman Only)								
	4. Essay – What challenges face rural electric cooperatives in the coming years and how do you think challenges should be addressed?								
	5.	5. Applicant appraisal.							
	6.	6. Send this application and all supporting documentation to:							
	Mor-Gran-Sou Electric Cooperative, Inc. Attn: Beth Kroh PO Box 1090 Mandan, ND 58554-7090								
	Deadline - Applications for this scholarship must be received on or before Wednesday, February 15th, 2023.								
AI	l scł	nolarship entries are confidential and will	-	-		Sou Electric	Scholar	ship Selection Committee.	
	4		Applica	Int Informati					
	1.	Applicant Name:		Home Pho	ne:	College Pho	ne:	Last 4 Digits of SSN#:	
	2.	Permanent Address (Street/PO Box):	City:		State:	Zip:	Emai	l:	
	3.	Parent's or Legal Guardian's Name:			•	-	<u>.</u>		
	4.	4. Student's Parent is: Member Cooperative Employee Image: Member Cooperative Consumer							
	 Cooperative System Name: Mor-Gran-Sou Electric Cooperative, 2719 34th St. NW, PO Box 1090, Mandan, ND 58554-7090 								

6. High School Name and Address from which you graduated or will be graduating this spring:								
7. Activities								
8. Community Involvement								
9. Achievements								
10. Honors								
Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address, and name of this scholarship program should be included on all attachments.								
	Work Experie	ence						
Describe your work experience (e.g. food server, babysitting, lawn mowing, and office work). Indicate dates of employment for each job and approximate number of hours worked each week.								
Emp	bloyer/Position		From <i>(Mo/Yr)</i>	То <i>(Мо/Үr)</i>	Hours per Week			
	Goals and Aspi							
Write a brief summary of your plans as t	hey relate to your educational	and career obj	ectives and long-ter	m goals.				
	Education	1						
High School Seniors - must include a transcript and complete this section. Students currently or previously enrolled in college or vocational-tech schools - must include college transcripts of grades. Completion of ACT and/or SAT tests is not necessary.								
GPA:								
ACT Scores:								
English: Math: Reading: Science: Comp:								
SAT I Scores:								
Verbal: Math:								
School								
Name and address of accredited school you plan to attend in the fall of the year:								
Name	Address		City		State			
4-Yr. College or University	2-Yr. Community or Junio	2-Yr. Community or Junior College		School				
What will your class status be this fall?	Ereshman	□ Freshman □ Sophomore □ Junior □ S			Senior			
Major Course of Study:	Minors:							

Information such as schooling, achievements, and career plans may be used for publicity purposes.

Essay Question (Required)							
As part of the application, you are required to compose and submit an essay. The essay should be no more than one page, typed with a font size no smaller than 12 point, and double-spaced on 8 $\frac{1}{2}$ X 11" size paper. Include your name on the top right-hand corner of the essay.							
Essay Topic	What challenges face rural electric cooperatives in the coming years and how do you think challenges should be addressed?						
Applicant Signature:		Date:					
Parent's or Legal Guardian's Signature:		Date:					

Applicant Appraisal (Required)

To the applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

<u>To the adult appraiser</u>: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is:	Extremely Appropriate	Very Appropriate	Appropriate	-	Inappropriate	
The applicant's achievements reflect his/her ability:	Extremely Well			ely	Not Well	
The applicant's ability to set realistic and attainable goals is:	Excellent	Excellent Good			Poor	
The quality of the applicants commitment to school and/or community is:	Excellent	Good	🗌 Fair		Poor	
The applicant is able to seek, find, and use learning resources:	Extremely Well	Very Well	Moderat Well	ely	Not Well	
The applicant demonstrates curiosity and initiative:	Extremely Well	U Very Well	Moderat Well	ely	Not Well	
The applicant demonstrates good problem- solving skills, follows through, and completes tasks:	Extremely Well	🗌 Very Well	☐ Moderat Well	ely 🗌	Not Well	
The applicant's respect for self and other is:	Excellent	Good	🗌 Fair		Poor	
Comments:						
Appraiser's Name:	Title:	Organization	:	Phone No.:	-none No.:	
(Appraiser Signature)			(Date)			

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