

High School Area Scholarship Submittal Requirements								
The student is responsible for submitting all materials on time. Incomplete applications will not be evaluated.  Complete this application (attach additional sheets if necessary) Completeness and neatness ensure your application will be evaluated appropriately.  Attach your recent academic transcript.								
	KEM member name and info: (your parent or guardian's name, address, phone, account number if known).							
□ Арј	Applicant's appraisal, filled out and signed by teacher.							
Submit application to KEM Electric by February 6, 2026. Email to msanders@kemelectric.com, or mail to:  KEM Electric  Attn: Marcy Sanders  PO Box 790  Linton, ND 58552								
All scholarship entries are confidential and will only be viewed by the selection committee and designated KEM Electric Cooperative employees.								
Applicant Information								
Applicant Name:			Home Ph	one:	College Phone:		Last 4 Digits of SSN#:	
Permanent Address (Street/PO Box):		City:		State	: Zip:	Email:		
Mother's Name: Father's Name:								
KEM Member Name: Address/ Phone: (If different than above)  KEM Account Number:								
High school name and address from which you graduate or will be graduating this spring (if applicable):								

Activities, achievements, and/or honors:								
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Sending a resume does not replace any part of this application. If space proinadequate, you may continue on additional sheets.	vided in an	y section is	5					
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Work Experience								
Describe your work experience (e.g. food server, babysitting, lawn mowing, and offi	ce work). In	dicate date	s of					
employment for each job and approximate number of hours worked each we		<b>T</b> -	Hours per					
Employer/Position	From (Mo/Yr)	To (Mo/Yr)	Week					
	(11101.11)	(**************************************						
Goals and Aspirations								
Write a brief summary of your plans as they relate to your educational and c	areer objec	ctives and I	ong-term					
goals.								

Education									
High School Seniors - must include a transcript and complete this section.									
GPA:									
School									
Name and address of accredited school you plan to attend in the fall of the year:									
Name				State					
	<del>-</del>			<del>,</del>					
4-Yr. College or University	2-Yr. Community	lege	echnical School						
What will your college class status be									
Major Course of Study:		Minors:							