KEM ELECTRIC COOPERATIVE
A Touchstone Energy® Cooperative

## KEM Electric $1,000.00 Scholarship

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 Electric member name and info: (your parent or guardian's name, address, phone, account number if known).
- ☐ Applicant's appraisal, filled out and signed by teacher.
- ☐ Submit application to KEM Electric by February 5, 2027.
  Email PDF copy 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 Employee.

## Applicant Information

| Applicant Name: | Home Phone: | | | Cell Phone: |
|---|---|---|---|---|
| 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:

Briefly describe your work ethic and what drives you to stay committed to your responsibilities.

List of your volunteer service, extracurricular activities and community involvement. If you need more space, please include on a separate document.

## Work Experience

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.

| Employer/Position | From *(Mo/Yr)* | To *(Mo/Yr or Present)* | Hours per Week |
|---|---|---|---|
| | | | |
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## Goals and Aspirations

Write a brief summary of your plans as they relate to your educational and career objectives and long-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 | City | State |
|---|---|---|
| | | |
| | | |

☐ 4-Yr. College or University ☐ 2-Yr. Community or Junior College ☐ Vocational-Technical School

What will your college class status be this fall? ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

| Major Course of Study: | Minors: |
|---|---|
| | |

## 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 counselor, teacher, or advisor who knows you well.

To the adult appraiser: 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. **A letter of recommendation does not replace this section**.

| | | | | |
|---|---|---|---|---|
| The applicant's choice of a post-secondary educational program is: | ☐ Extremely Appropriate | ☐ Very Appropriate | ☐ Moderately Appropriate | ☐ Inappropriate |
| The applicant's achievements reflect his/her ability: | ☐ Extremely Well | ☐ Very Well | ☐ Moderately Well | ☐ Not Well |
| The applicant's ability to set realistic and attainable goals is: | ☐ Excellent | ☐ Good | ☐ Fair | ☐ 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 | ☐ Moderately Well | ☐ Not Well |
| The applicant demonstrates curiosity and initiative: | ☐ Extremely Well | ☐ Very Well | ☐ Moderately Well | ☐ Not Well |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks: | ☐ Extremely Well | ☐ Very Well | ☐ Moderately Well | ☐ Not Well |
| The applicant's respect for self and other is: | ☐ Excellent | ☐ Good | ☐ Fair | ☐ Poor |

Comments:

| Appraiser's Name: | Title: | Organization: | Phone No.: |
|---|---|---|---|

How appraiser knows applicant:

| | |
|---|---|
| *(Appraiser Signature)* | *(Date)* |