Southeastern Montana
Development Corporation
www.semdc.org
www.montanamadepossible.com



PO Box 1935 6200 Main Street Colstrip, MT 59323 Phone / Fax: (406) 748-2990

Instructions

NextEra Community Impact Scholarship

2024/2025

Southeastern Montana Development Corporation

Who is Eligible:

Open to graduating seniors (May 2025) of Forsyth High School seeking to further their education in a general curriculum field at a <u>Higher Educational Institution</u> in Montana.

How to Apply:

Applications are available at the Forsyth High School Counseling Center, at Southeastern Montana Development Corporation office located at 6200 Main Street, Colstrip or online at www.semdc.org.

Selection Criteria:

The Selection Committee will review all eligible applications based on need, goals, essay response and recommendations.

<u>Deadline</u>: Applications must be received at Forsyth High School Counseling Center, Southeastern Montana Development Corporation office located at 6200 Main Street in Colstrip or by email to ahert@semdc.org by 5:00 pm on Wednesday April 30, 2025. The recipient will be announced at the Graduation Ceremony.

Amount of Scholarship: \$5,000 Books & Tuition

Conditions of the Award:

The recipient must provide proof of enrollment at an accredited Montana college/university or a Montana vocational/tribal/technical school. If the recipient drops out of the program without completing the semester or term, the recipient must refund the full amount of the scholarship.

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Application

Southeastern Montana Development Corporation With Forsyth High School

NextEra Community Impact Scholarship

2024/2025

MAILING ADDRESS:	
HOME PHONE:	OTHER PHONE:
EMAIL ADDRESS:	
Cu	mulative GPA:
SIGNATURE:	DATE:

Please address the following on separate sheets of paper:

EDUCATION GOALS ESSAY: Include a one (1) page (maximum) Essay that includes your educational goals, needs and how this scholarship will help you achieve these goals.

LETTER OF RECOMMENDATION: Please attach at least one (1) letter of recommendation from a non-relative who can attest to your academic, personal achievements and abilities. The letter should include:

- Name of Person
- Occupation Title and his/her relationship or affiliation with you.

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I hereby certify that I am the parent or legal guardian of named above, and I do hereby give my consent without reser person.	vation to the foregoing on behalf of this
Signed (parent or legal guardian):	
Print Name (parent or legal guardian):	
Date:	