

## 2026 MARVIN ROBINSON MEMORIAL/GOLDENWEST SCHOLARSHIP APPLICATION

Applicant or parent/guardian mu	sst be a member of Goldenwest Electric Co-Op, Inc.
NAME:	PHONE:
PARENT/GUARDIAN NAME(S):	
ADDRESS:	
ADDRESS:  Ac BIRTHDATE:	ldress, City, State, Zip
	ENDED:
COLLEGE/SCHOOL PLANNING	TO ATTEND OR ATTENDING:
Name of Institution, Addre	ss, City, State, Zip, Admissions Phone Number
choice. Also, write about your future pl	NT AND YOUR CAREER PLANS  ity/work activities have influenced your goals and career lans including your major course of study in college, what yould like to reside. This statement should be no more than
ATTACH A COPY OF COLLEGE E Attach ACT and/or SAT scores. Attach high school and/or college trans	
LETTER OF RECOMMENDATION Attach one letter of recommendation.	<b>V</b>
Return completed application with atta Goldenwest Electric Co-Op, Inc. P.O. Box 177 Wibaux, MT 59353-0177 (406) 796-2423	chments by February 25, 2026 to:
APPLICANT'S SIGNATURE:	DATE:
PARENT/GUARDIAN SIGNATURI	E: DATE: