

NEPPA Utility Secondary Education Scholarship Application

CONFIDENTIAL APPLICATION FOR THE NEPPA SCHOLARSHIP AWARD (PLEASE TYPE OR PRINT)

1.	Legal name in full:							
		First Name		Middle Na	ame	Last Name		
	Home Address:							
		Street and Number						
	City or Town		Stat	e		Zip		
	Mailing Address a	t School:						
		_	Street and Nur	mber	City or Town	State	Zip	
2.	Phone and Email: _							
3.	Date of Birth:							
4. H	Highest Level of Com	pleted Educ	cation :					
(Completion Year: _							
5. N	lame of intended Sec	ondary Edu	cation:				_	
Date of entrance:			E	Expected date of completion:				
6. F	Field of concentration	:						
7. 1	Name of affiliated NEI	PPA Utility:						
Rela	ationship to Utility:							

9.	Briefly list any involvment, experiences, or achievements you've completed thus far that
	would relate to your continuing education (Attach extra sheet if necessary.)
10	. Please describe how you feel that the education you will be receiving can contribute to the overal
	improvement of public power.
11.	Attach a certified copy of transcript for education completed
12.	Please sign and date application:
Signatur	re of Applicant
Date	

IMPORTANT!

Send completed application to: **Scholarship@neppa.org**

The applicant cannot be a prior recipient of the scholarship.

The award will be presented to recipient(s) at the Annual Meeting and Awards Banquet.

The foregoing may be amended at any time by the Board of Directors at a duly called meeting by a majority vote of those present and voting.