



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 **Higher Educational Institution 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.

Deadline: 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.



Application

Southeastern Montana Development Corporation
With
Forsyth High School

NextEra Community Impact Scholarship

2024/2025

NAME (*print*): _____

MAILING ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

EMAIL ADDRESS: _____

Cumulative 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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Signed: _____ **Date:** _____

Print Name: _____

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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 reservation to the foregoing on behalf of this person.

Signed (parent or legal guardian): _____

Print Name (parent or legal guardian): _____

Date: _____