

APPLICATION FOR WESTHOLM MEMORIAL AWARD

I, the undersigned, make application for the award sponsored by the Cooperative Light & Power.

APPLICANT (Print) _____
Last Name First Name Middle

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

SCHOOL ATTENDED _____

ADDRESS (of School) _____

SIGNATURE (Applicant) _____ **PHONE** (____) ____ - ____

MOTHER'S NAME _____ **FATHER'S NAME** _____

The undersigned certify that the above applicant is our _____ and
(Son or Daughter)

will graduate from _____ High School in June, 20____, and that we are
members of and receiving electric service from the Cooperative Light & Power.

MOTHER'S SIGNATURE _____

FATHER'S SIGNATURE _____

COOPERATIVE LIGHT & POWER ACCOUNT NUMBER _____

Mail to: Cooperative Light & Power
P O Box 69
Two Harbors, MN 55616



Postmarked or submitted no later than April 1.