



Department of Energy
Western Area Power Administration
Upper Great Plains Customer Service Region
P.O. Box 35800
Billings, MT 59107-5800

JAN 20 2017

B1000.BL

The Nordmeier/Tafoya Scholarship, 2017-2018

Dear Applicant:

Western Area Power Administration (WAPA), in partnership with the Bureau of Reclamation and Risk Management Agency, is seeking applicants for the Nordmeier/Tafoya Scholarship for the 2017-2018 academic year. This scholarship was established in honor of two WAPA employees, Bob Nordmeier and Monday Tafoya, who died along with four other employees on December 18, 1992, when a Cessna Citation crashed on its final approach to Billings Logan International Airport. Because Bob and Monday were extensively involved in helping people with permanent disabilities, a \$1,000 scholarship will be awarded to one or more individuals having a permanent disability.

Contributions to the fund are made through the annual Combined Federal Campaign, a congressionally authorized fund raising activity.

Criteria for the Nordmeier/Tafoya Scholarship:

- Permanent disability
- Attending a Montana College or Technical School
- Enrolled for at least 12 semester credits per semester
- Enrolled for the 2017-2018 school year
- Financial need will also be considered
- Narrative of how scholarship will help meet personal and educational goals

The application deadline is April 5, 2017.

Please contact Robin Johnson at 406-255-2820 for additional information.

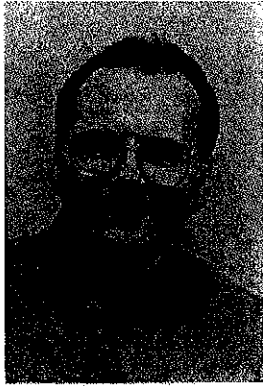
Sincerely,

A handwritten signature in black ink that reads "Robin R. Johnson".

Robin R. Johnson
Chair, Nordmeier/Tafoya
Memorial Scholarship

Enclosure

Nordmeier/Tafoya Memorial Scholarship



Bob Nordmeier demonstrated mind over matter, overcoming an accident that left him partially paralyzed. He became an award-winning athlete, excelled in equestrian events and was an outstanding skier. He gave of his time both to speak and encourage others and also to enlist the support of community members.



Monday Tafoya's special interests were children with disabilities, helping them overcome obstacles and achieve success in their lives. Monday was active in the Special Olympics, helping her son and other children reach their individual goals. She also worked to promote a diverse and integrated workforce, fostering equal opportunity for all employees.

The Nordmeier/Tafoya Memorial Scholarship Fund was established in honor of two Western Area Power Administration (WAPA) employees who died, along with four other employees, on December 18, 1992, when a Cessna citation crashed on its final approach to Billings Logan International Airport.

Since Bob and Monday were extensively involved in helping people with permanent disabilities, a \$1,000 scholarship will be awarded to one or more individuals with a permanent disability. The recipient must also attend a college or technical school in Montana during the 2017-2018 academic year.

The Scholarship is sponsored by Western Area Power Administration (WAPA).
For additional information contact: Robin Johnson, 406-255-2820.

**Please send your application to Western Area Power, Attention Robin Johnson,
PO Box 35800, Billings, MT 59107-5800, by April 5, 2017.**

**NORDMEIER/TAFOYA MEMORIAL
SCHOLARSHIP APPLICATION
2017-2018**

PRINT OR TYPE

I. PERSONAL DATA

Applicant's Name: _____

Address: _____

Phone: _____ Last 4 Digits of your Social Security No.: _____

Name of Montana Institute you will be attending: _____

Address: _____

Phone Number: _____

Number of credits you anticipate enrolling for the 2017-2018 school year (**Students must enroll for at least 12 semester credits each semester for this scholarship**): _____

Anticipated grade level for 2017-2018:

_____ Freshman (never attended college)

_____ Sophomore

_____ Senior

_____ Freshman (previously attended college)

_____ Junior

_____ Graduate/Professional

Your Major: _____ Current Cumulative GPA: _____

You must include a copy of your most recent transcript.

Personal References:

Name	Address	Phone

II. EDUCATION:

Name of last high school attended, include city & state: _____

Names of other educational institutes attended, include city/state: _____

Date of Graduation/GED: _____

Honors & Awards Received: _____

Committees/Activities: _____

Personal Achievements: _____

III. STATEMENT BY APPLICANT: Narrative of the challenges you have overcome and how this scholarship will help meet your personal and educational goals. (Please attach with application. No more than 1 typed page)

V. FINANCIAL ELIGIBILITY STATEMENT (Please read the Privacy Act Statement and the Information on the reverse side concerning inclusions and exclusions in family income before completing this section of the form. You may be asked to verify the information you provide.)

INSTRUCTIONS: List yourself and all family members living in your household (include people related by blood, marriage, or adoption) and provide the following information:			
NAME	RELATIONSHIP	2016 ANNUAL INCOME	2017 PROJECTED ANNUAL INCOME
Total Number:		Total Amount:	Total Amount:

If there is a substantial difference in 2016 Annual Income and 2017 projected income, please explain:

Were you claimed as a dependent for income tax purposes on another individual's most recent return?
 NO YES If "YES," on whose return?

VI. CERTIFICATION:

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Applicant's Signature and Date Signed

PRIVACY ACT STATEMENT

Your Social Security Number (SSN) is required to keep your records straight because other people may have the same name and birth date. We may also use your SSN to make requests for information about you from employers, schools, banks, and others who know you, but only as allowed by the law or Presidential directive. The information we collect by using your SSN may be used for studies and statistics. Giving us your SSN or any of the other information is voluntary. However, we cannot process your application if you do not give us the information we request. Incomplete addresses and ZIP Codes will also slow processing.

INCLUSIONS IN FAMILY INCOME

Family income refers to total annual cash receipts before taxes from all sources. (Income data for a part-year period may be annualized.) These receipts include:

- Gross Wages and Salary - The total money earnings received from work performed as an employee. It represents the amount paid BEFORE deductions for income taxes, social security, bond purchases, etc.
- Net Self-Employment Income - Net income (gross receipts minus operating expenses) from a business firm, farm, or their enterprise in which a person is engaged on his/her own.
- Other Money Income - Money received from sources, such as public assistance payments (including Supplemental Security Income), social security or railroad retirement, unemployment and worker's compensation, strike benefits from union funds, training stipends, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private and Government employees pensions, and regular insurance or annuity payments; and income from dividends, interest, rents, royalties, or periodic receipts from estates or trusts, and Veterans' benefits (i.e., education assistance, compensation payments).

EXCLUSIONS FROM FAMILY INCOME

The following should not be included in the computation of total family income:

- Capital gains.
- Any assets drawn down as withdrawals from bank, sale of property, house, or car.
- Tax refunds, gifts, lump-sum inheritances, one-time insurance payment or compensation for injury.
- Non-cash benefits such as employer-paid health insurance and other employee fringe benefits, food or rent received in lieu of wages, the value of food and fuel produced and consumed on farms, and the imputed value of rent from owner-occupied non-farm or farm housing.

INDIVIDUALS CLAIMING SELF SUFFICIENCY

If you are financially independent and (1) have not resided with your family for more than 6 months consecutively during the past 12-month period and (2) were not claimed as a dependent on another person's Federal income tax return for the last calendar year, you may be considered your own household of one person. If, however, you have resided on another person's Federal income tax return for the last calendar year, you may be considered your own household of one person. If, however, you have resided with your family for more than 6 consecutive months during the past 12-month period, the income of these family members must be reported on this form.

The information presented on this application is subject to verification by the selection committee.

SELF-IDENTIFICATION OF DISABILITY

(See Privacy Act information and additional instructions on reverse)

Last Name, First Name, and MI	Date of Birth (MM/YY)	Social Security Number
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Purpose:

Each agency in the Executive Branch of the Federal government has established programs to facilitate the hiring, placement, and advancement of individuals with disabilities. Self-identification of disability status is essential for effective data collection and analysis of the Federal government's efforts. While self-identification is voluntary, your cooperation in providing accurate information is critical to these efforts. Every precaution is taken to ensure that the information provided by each employee is kept in the strictest confidence.

ENTER CODE HERE →

Targeted Disabilities or Serious Health Conditions:

- 02- Developmental Disability, for example, autism spectrum disorder
- 03- Traumatic Brain Injury
- 19- Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports
- 20- Blind or serious difficulty seeing even when wearing glasses
- 31- Missing extremities (arm, leg, hand and/or foot)
- 40- Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- 60- Partial or complete paralysis (any cause)
- 82- Epilepsy or other seizure disorders
- 90- Intellectual disability
- 91- Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression
- 92- Dwarfism
- 93- Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders

Other Options:

- 01 - I do not wish to identify my disability or serious health condition.
- 05 - I do not have a disability or serious health condition.
- 06 - I have a disability or serious health condition, but it is not listed on this form.

Other Disabilities or Serious Health Conditions:

- 13- Speech impairment
- 41- Spinal abnormalities, for example, spina bifida or scoliosis
- 44- Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body
- 51- HIV Positive/AIDS
- 52- Morbid obesity
- 59- Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis
- 80- Cardiovascular or heart disease
- 81 - Depression, anxiety disorder, or other psychiatric disorder
- 83- Blood diseases, for example, sickle cell anemia, hemophilia
- 84- Diabetes
- 85- Orthopedic impairments or osteo-arthritis
- 86- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- 87- Kidney dysfunction
- 88- Cancer (Present or past history)
- 94- Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD)
- 95- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia
- 96- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis
- 97- Liver disease, for example, hepatitis or cirrhosis
- 98- History of alcoholism or history of drug addiction (but not currently using illegal drugs)
- 99- Endocrine disorder, for example, thyroid dysfunction