

**MONTANA CLERK & RECORDER'S
SCHOLARSHIP APPLICATION FORM**

AMOUNT OF SCHOLARSHIP

\$1,000.00 2 Scholarship Winners

**APPLICANT MUST BE A GRADUATING SENIOR WHO WILL BE ATTENDING
AN IN STATE SCHOOL. APPLICATION MUST BE COMPLETELY FILLED OUT TO BE CONSIDERED.**

This Application for the Clerk & Recorder's Scholarship becomes complete and valid only when you have returned the following materials:

Application

All required signatures

Application deadline: March 14, 2025

Return completed application to:

Park County Clerk and Recorder
414 East Callender St.
Livingston, MT 59047

APPLICANT INFORMATION

County: _____

Mr.
Ms.

(Last) (First) (Middle Initial) Telephone Number

Permanent Address (street) (city) (state) (zip)

Father's Full Name _____ Occupation _____

Permanent mailing address of parent/
guardian if different from applicant _____
(street) (city) (state) (zip)

Mother's Full Name _____ Occupation _____

Permanent mailing address of parent/
guardian if different from applicant _____
(street) (city) (state) (zip)

Total number of family members who will be attending a post-secondary
school at least 1/2 time during the upcoming school year, including applicant. _____

SCHOOL INFORMATION

High School Attended _____ Graduation Date _____
(Month) (Year)

Address _____
(street) (city) (state) (zip) Telephone Number _____

Name of post-secondary school for which applicant's scholarship is requested

4 yr College/Univ Vo-Tech
Community College Other

Address _____ Accredited? Yes No
(city) (state) (zip)

Major field of study applicant plans to pursue _____

Applicant's Signature

Date Completed _____
Mo. Day Year

STATEMENT BY PARENTS OR GUARDIAN:

I have read this application, attest to the accuracy thereof to the best of my knowledge, understand that the
candidate is applying for a Montana Clerk & Recorder's scholarship, and have no objection thereto.

Parent or Legal Guardian's Signature

Date Completed _____
Mo. Day Year

OFFICIAL INFORMATION

Following section completed by the appropriate official (Superintendent of School, Counselor, Principal)

Official's Signature Date Title Telephone #

