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 <u>IN STATE SCHOOL.</u> 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:	

			AP	PLICANT INFO	RMATION			
	-	-			Cou	nty:		
Mr.		_						
Ms.	<u> </u>	(Last)	(First)	(Middle Initia	l) Tele	phone Number		
		Permanent Address	(street)	(city)	(stat	e)	(zip)	
		Father's Full Name				Occupation		
		Dormonont mailing address of	f poront/					
		Permanent mailing address o guardian if different from appl		(street)	(city)	(state)	(zip)	
		Mother's Full Name				Occupation		
		Permanent mailing address o	f parent/					
		guardian if different from appl	icant	(street)	(city)	(state)	(zip)	
		Total number of family school at least 1/2 time	during the upcor	ming school yea	r, including applic	ant		
			S	CHOOL INFOR	MATION			
		High School Attended			Graduation Date	Graduation Date		
		Address				(Month)	(Year)	
			(street)	(city)	(state)	(zip)	Telephone Number	
		Name of post-secondary scho	ool for which applican	t's scholarship is rec	4 yr C	College/Univ nunity College	Vo-Tech Other	
		Address	() ()			dited? Yes	No	
			(city)	(state)	(zip)			
		Major field of study applicant plans to purs <u>ue</u>						
		Applicant's Signature			_			
		Date Completed						
			Mo.	Day	Year			
			STATEME	NT BY PARENT	S OR GUARDIAN	N:		
		I have read this applica candidate is applying fo						
		Parent or Legal Guardia	an's Signature		_			
		Date Completed						
			Mo.	Day	Year			
			OFFIC	CAL INFORMAT	ION			
			0.110					

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

Please list your work experience during the past 4 years. Indicate dates of employment in each job and the approximate number of hours worked each week.

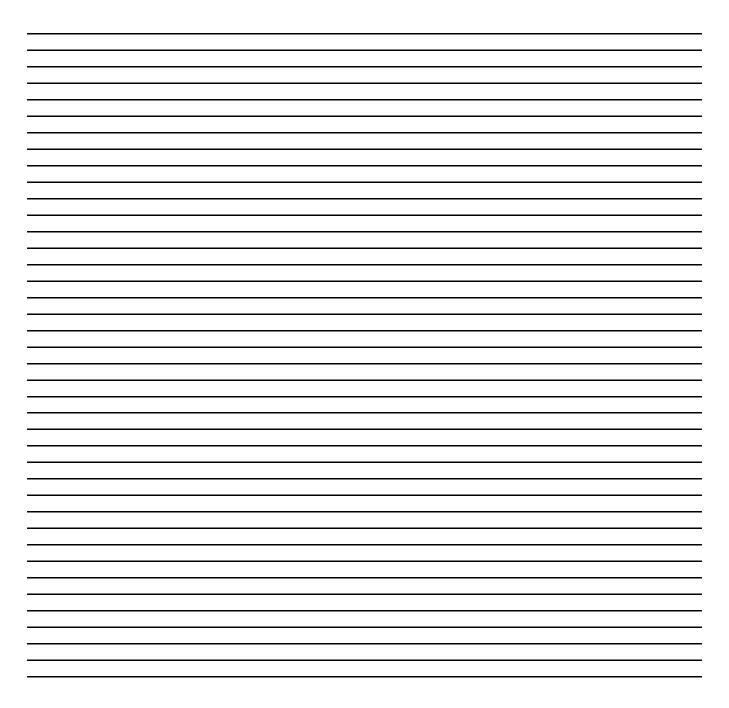
POSITION	Date From(mo/yr)	Date to (mo/yr)

EXTRA-CURRICULAR ACTIVITIES WHILE IN HIGH SCHOOL

ACTIVITY	NUMBER OF YEARS

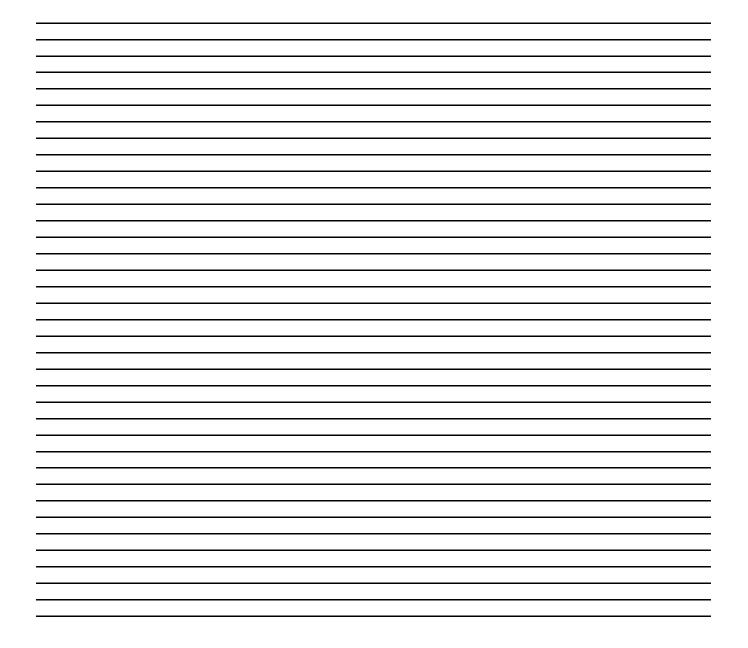
Education and Career Goals

Make a statement of your plans as they relate to your educational and career objectives and future goals. (If necessary, attach additional pages.)



UNUSUAL FAMILY OR PERSONAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities. (Examples: Medical, death in immediate family, divorce, tragedy, adverse financial circumstances, etc.) 500 WORDS **MAX**



LOCAL GOVERNMENT IN YOUR COUNTY

Please explain FOUR ways that county government impacts you. 250 - 500 WORDS MAX

