MONTANA CLERK & RECORDER'S SCHOLARSHIP APPLICATION FORM

AMOUNT OF SCHOLARSHIP **$1,000.00** **First Place Winner**
$500.00 **Second Place**

APPLICANT MUST BE A GRADUATING SENIOR WHO WILL BE ATTENDING AN IN STATE SCHOOL.

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

- ☐ Application
- ☐ All required signatures
- ☐ Current Transcript of Grades
- ☐ Application deadline: March 11, 2023

Return completed application to:

Brenda J. Wood
Clerk & Recorder/Election Adminstrator
PO Box 846
Baker, MT 59313

Or deliver in person to the Clerk & Recorder's Office at 10 West Fallon Avenue-Baker

Updated 01/03/2023

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

TRANSCRIPT INFORMATION

High school seniors must include a high school transcript of grades and have the following section completed by the appropriate school official.

Class/Rank:
_____ in a class of _____

Cumulative grade point average _____ \4.0 scale.

_____
School Official's Signature Date Title Telephone #

PERSONAL INFORMATION

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. List total amount earned for each job.

POSITION	Date From(mo/yr)	Date to (mo/yr)	Hours Per Week	Amount Earned This Position

EXTRA-CURRICULAR ACTIVITIES

ACTIVITY	No. of Years Partic.	Offices Held, Special Awards, Honors	ACTIVITY	No. of Years Partic.	Offices Held, Special Awards, Honors

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

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.) (If necessary, attach additional pages.)