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 11, 2024

Return completed application to:

Brenda Wood
Fallon County Clerk and Recorder
10 West Fallon Avenue
PO Box 846
Baker, MT 59313

Updated 11/17/2023

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

OFFICAL INFORMATION

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

Official's Signature Date Title Telephone #

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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.

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.)

Updated 11/17/2023

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**

Updated 11/17/2023

LOCAL GOVERNMENT IN YOUR COUNTY

Please explain FOUR ways that local government impacts your county. 250 - 500 WORDS **MAX**

Updated 11/17/2023