MONTANA CLERK & RECORDER'S SCHOLARSHIP APPLICATION FORM

AMOUNT OF SCHOLARSHIP

\$1,000.00 2 Scholarship Winner

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:	

Updated 11/17/2023

			APPLICANT INFOR			
Mr.				Cou	nty:	
Ms.	-					
	(Last)	(First)	(Middle Initial)	Tele	phone Number	r
	Permanent Address	(street)	(city)	(stat	te)	(zip)
	Father's Full Name				Occupation	
	Permanent mailing address of		(atract)	(oity)	(atata)	(
	guardian if different from app	licant	(street)	(city)	(state)	(zip)
	Mother's Full Name				Occupation	
	Permanent mailing address of		(atract)	(oity)	(atata)	(
	guardian if different from app	licant	(street)	(city)	(state)	(zip)
	Total number of family school at least 1/2 time				ant.	
			SCHOOL INFORM	ATION		
	High School Attended			Graduation Date		
		-	_		(Month)	(Year)
	Address	(street)	(city)	(state)	(zip)	Telephone Number
					(1 /	·
	Name of post-secondary sch	ool for which app	licant's scholarship is requ		College/Univ	Vo-Tech
					munity College	Other
	Address			Accre	edited? Yes	No No
		(city)	(state)	(zip)		
	Major field of study app	licant plans to	o pursu <u>e</u>			
	Applicant's Signature					
	Date Completed					
	·	Mo.	Day	Year		
		STATE	MENT BY PARENTS	OR GUARDIAI	N:	
	I have read this applica candidate is applying for					
	candidate is applying it	n a Montana	Clerk & Necolder 3 30	inolaisilip, and i	nave no objecti	on thereto.
	Parent or Legal Guardi	an's Signatur	e			
	•	J				
	Date Completed	Mo.	Day	Year		
			FFICAL INFORMATION	NI.		1
		U	FFICAL INFORMATIO	ZIN		
Followir	ng section completed by th	ne appropriate	e official (Superintend	ent of School, C	Counselor, Prini	cipal)
Official	's Signature	Doto	Titlo	Tala		
Onicial	's Signature	Date	Title	ı ele	phone #	

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