

**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 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 #







