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 s	ignatures
Application deadline: March 10, 2024		
Return completed application to:		
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Updated 11/17/2023

			APPLICANT INFO			
Mr.	\neg			Cot	ınty:	
Ms.	(Last)	(First)	(Middle Initia	<u> </u>	ephone Numbe	ar
	Permanent Address	(street)	(city)	(sta	te)	(zip)
	Father's Full Name				Occupation	
	Permanent mailing address guardian if different from app		(street)	(city)	(state)	(zip)
		лісан	(Street)	(City)		(219)
	Mother's Full Name				Occupation	
	Permanent mailing address guardian if different from app		(street)	(city)	(state)	(zip)
	Total number of family school at least 1/2 time		•		cant	
			SCHOOL INFOR	MATION		
	High School Attended			_Graduation Dat		
	-			_	(Month)	(Year)
	Address	(street)	(city)	(state)	(zip)	Telephone Number
	Name of post-secondary sch	nool for which appl	icant's scholarshin is red	auested		
		шэл црр	2	4 yr	College/Univ munity College	Vo-Tech Other
	Address				edited? Yes	No
		(city)	(state)	(zip)		
	Major field of study app	olicant plans to	pursu <u>e</u>			
	Applicant's Signature			_		
	Date Completed		_			
		Mo.	Day	Year		
			MENT BY PARENT			
	I have read this applications candidate is applying f					
	Parent or Legal Guard	ian's Signature)	_		
	Date Completed					
		Mo.	Day	Year		
		OF	FICAL INFORMAT	ION		
Followi	ng section completed by t	he appropriate	official (Superinter	ndent of School, (Counselor, Prir	nicipal)
Offi-i-	lla Cianatira	Doto	Title	┯		
Official	l's Signature	Date	Title	1 010	ephone #	

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 ACTIVIT	TIES 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

LOCAL GOVERNMENT IN YOUR COUNTY

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