# 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  Application deadline: March 15, 2024  | All required signatures |
|--|-------------------------|
| Return completed application to:   |                         |
| Lake County Clerk and Recorder<br>Attn: Kendra Steele<br>106 Fourth Ave East<br>Polson, MT 59860 |                         |

Updated 11/17/2023

or email to: ksteele@lakemt.gov

|          |   |                   | APPLICANT INFO              |                    |                 |                  |
|----------|---|-------------------|-----------------------------|--------------------|-----------------|------------------|
| Mr.      |   |                   |                             | Cou                | nty:            |                  |
| Ms.      |   |                   |                             |                    |                 |                  |
|          | (Last)  | (First)           | (Middle Initia              | l) Tele            | phone Number    | •                |
|          | Permanent Address                               | (street)          | (city)                      | (stat              | e)              | (zip)            |
|          | Father's Full Name                              |                   |                             |                    | _Occupation     |                  |
|          | Permanent mailing address of                    |                   | ( )                         | ( " )              | ( , , , )       |                  |
|          | guardian if different from app                  | licant            | (street)                    | (city)             | (state)         | (zip)            |
|          | Mother's Full Name                              |                   |                             |                    | _Occupation     |                  |
|          | Permanent mailing address of                    |                   | ( )                         | ( '1 )             | ( 1 1 )         |                  |
|          | guardian if different from app                  | licant            | (street)                    | (city)             | (state)         | (zip)            |
|          | Total number of family school at least 1/2 time |                   |                             |                    | ant             |                  |
|          |   |                   | SCHOOL INFOR                | MATION             |                 |                  |
|          | High School Attended                            |                   |                             | _Graduation Date   |                 |                  |
|          | Address   |                   |                             |                    | (Month)         | (Year)           |
|          | Address   | (street)          | (city)                      | (state)            | (zip)           | Telephone Number |
|          | Name of post-secondary sch                      | ool for which app | licant's scholarship is req | uested             |                 |                  |
|          | ,   |                   | •                           | 4 yr C             | College/Univ    | Vo-Tech Other    |
|          |   |                   |                             |                    | numity College  | Other            |
|          | Address   | (city)            | (state)                     | (zip)              | dited? Yes      | No               |
|          | Major field of study app                        |                   | nursue                      |                    |                 |                  |
|          | Major held of study app                         | nicant plans to   | pursu <u>e</u>              |                    |                 |                  |
|          | Applicant's Signature                           |                   |                             | _                  |                 |                  |
|          | Date Completed                                  |                   |                             |                    |                 |                  |
|          | Date Completed                                  | Mo.               | Day                         | Year               |                 |                  |
|          |   | STATE             | MENT BY PARENT              | S OR GUARDIAN      | <br>۱:          |                  |
|          | I have read this applica                        |                   |                             |                    |                 |                  |
|          | candidate is applying fo                        | or a Montana (    | Jierk & Recorders s         | scnolarsnip, and r | nave no objecti | on thereto.      |
|          | Parent or Legal Guardi                          | an's Signature    | <del>)</del>                | _                  |                 |                  |
|          | · ·   |                   |                             |                    |                 |                  |
|          | Date Completed                                  | Mo.               | Day                         | Year               |                 |                  |
|          |   | OF                | FICAL INFORMAT              | ION                |                 |                  |
|          |   | 01                | TICAL INFORMAT              | ION                |                 |                  |
| Followir | ng section completed by the                     | ne appropriate    | official (Superinten        | dent of School, C  | counselor, Prin | icipal)          |
|          |   |                   |                             |                    |                 |                  |
| Official | 's Signature                                    | Date              | Title                       | Tele               | phone #         |                  |

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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) |
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|          |                  |                 |
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#### EXTRA-CURRICULAR ACTIVITIES WHILE IN HIGH SCHOOL

| ACTIVITY | NUMBER OF YEARS |
|----------|-----------------|
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### **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.) |
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## 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 <b>MAX</b> |
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## LOCAL GOVERNMENT IN YOUR COUNTY

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