

**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 15, 2024

Return completed application to:

Amy Reeves, Treasurer/Clerk and Recorder
Lewis and Clark County
316 N Park Ave. - Room 168
Helena, Montana 59623

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 (city) (state) (zip) Accredited? Yes ☐ No ☐

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 #

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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.

[illegible]

EXTRA-CURRICULAR ACTIVITIES WHILE IN HIGH SCHOOL	
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95	96
97	98
99	100

[illegible]

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 MAX**

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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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Updated 11/17/2023