# 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 <u>IN STATE SCHOOL</u>. 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:	
Madison County Clerk and Recorder Office PO Box 366	
103 W Wallace St	
Virginia City MT 59755	
406-843-4270	
pmckenzie@madisoncountymt.gov	

Updated 11/17/2023

			APF	PLICANT INFO	RMATION		
N /		1			Cour	nty:	
Mr. Ms.		-					
	L	(Last)	(First)	(Middle Initia	Tele	ohone Number	
		Permanent Address	(street)	(city)	(state	9)	(zip)
		Father's Full Name				_Occupation	
		Permanent mailing address of guardian if different from applic		(street)	(city)	(state)	(zip)
		Mother's Full Name				_Occupation	
		Permanent mailing address of	parent/				
		guardian if different from applic		(street)	(city)	(state)	(zip)
		Total number of family meschool at least 1/2 time of	during the upcom	ing school year	r, including applica	ant	
			SC	CHOOL INFOR	MATION		
		High School Attended			_Graduation Date		
		Address				(Month)	(Year)
		Address	(street)	(city)	(state)	(zip)	Telephone Number
			,				
		Name of post-secondary school	ol for which applicant	's scholarship is red	4 yr C	ollege/Univ nunity College	Vo-Tech Other
		Address			Accre	dited? Yes	No
			(city)	(state)	(zip)		
		Major field of study appli	icant plans to pur	sue			
		Applicant's Signature		<del></del>	_		
		Date Completed					
			Mo.	Day	Year		
			STATEMEN	T BY PARENT	S OR GUARDIAN	l:	
		I have read this applicate candidate is applying for					
		Parent or Legal Guardia	n's Signature	<del> </del>	_		
		Date Completed	-				
			Mo.	Day	Year		
			OFFIC	AL INFORMAT	ION		
Follo	wing	section completed by the	e appropriate offi	cial (Superinter	ndent of School, C	ounselor, Prinic	cipal)
Offic	cial's	Signature	Date	Title	Tele	_ phone #	

PERSON		

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 <b>MAX</b>

#### LOCAL GOVERNMENT IN YOUR COUNTY

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