

**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:

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

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

OFFICAL INFORMATION

Following section completed by the appropriate official (Superintendent of School, Counselor, Principal)

Official's Signature Date Title Telephone #

