

**MONTANA CLERK & RECORDER'S
SCHOLARSHIP APPLICATION FORM**

AMOUNT OF SCHOLARSHIP

\$1,000.00 First Place Winner

\$500.00 Second Place

**APPLICANT MUST BE A GRADUATING SENIOR WHO WILL BE ATTENDING
AN IN STATE SCHOOL.**

This Application for the Clerk & Recorder's Scholarship becomes complete and valid only when you have returned the following materials:

Application

All required signatures

Current Transcript of Grades Application deadline March 16, 2018

Return completed application to:

Patricia Zinda
Clerk & Recorder
Wibaux County
PO Box 199
Wibaux, MT 59353

Or deliver in person to the Wibaux County Clerk & Records office 203 Wibaux Street.

Updated 12/19/2016

APPLICANT INFORMATION

Mr.
Ms.

County: _____

(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

TRANSCRIPT INFORMATION

High school seniors must include a high school transcript of grades and have the following section completed by the appropriate school official.

Class/Rank: _____
in a class of _____

Cumulative grade point average _____ 4.0 scale.

School Official's Signature _____ Date _____ Title _____ Telephone # _____

