MONTANA STATE FUND SCHOLARSHIP APPLICATION

*****PLEASE PRINT CLEARLY OR TYPE*****

1. Your Name:_____
   First Middle Last
2. Social Security Number:_____ Date of Birth:_____
   Month Day Year
3. Name of Fatally Injured Parent/Spouse Insured by Montana State Fund:_____

   3. a. Claim Number of Fatally Injured Parent/Spouse: _____3.b. Date of Death: _____

4. Contact Mailing Address: _____
   PO Box or Street Address

   _____
   City State Zip

5 Telephone (____)_____ email address:_____

6. Educational Background:

Name of High School:	City: State:	Year Graduated:
Name of College:	City: State:	Number of Credits Earned:
Other:	City: State:	

7. List employment history, extra-curricular (high school) or service activities you have participated in:

_____

_____

_____

8. Your career goals:_____

_____

_____

_____

9. Name of College or University where you intend to enroll for the _____school year (includes COT, Tribal or Community College): _____
   Location of School (CITY and STATE): _____

By signing this application I authorize my high school, postsecondary educational institution and/or financial aid office to provide any necessary documents or information to the Office of Commissioner of Higher Education to confirm my eligibility for this scholarship. I understand and agree that I must meet Montana State Fund's eligibility requirements for a scholarship. These include the requirement to maintain a 2.0 GPA or higher, including if I already attended an accredited institution or program. Computation of actual grade point averages shall be as of the end of the 7th semester of high school. To remain eligible the student must maintain a 2.0 or higher GPA through the completion of high school. I also authorize Montana State Fund to use my name and hometown in promotional materials and to provide my name and hometown to national newspapers.

I certify that the information is true and correct to the best of my knowledge.

_____

Applicant's Signature ***Date***

- **PLEASE ATTACH THE FOLLOWING:**
  YOUR HIGH SCHOOL OR COLLEGE TRANSCRIPT
  BIRTH CERTIFICATE, IF THE DEPENDENT;
  OR MARRIAGE LICENSE, IF THE SPOUSE OF THE FATALLY INJURED WORKER.

If you have any questions, please contact 1 406-444-0638 or email: mtscholarships@montana.edu. Mail completed form with attachments to:
Montana University System, Scholarship Department, PO Box 203101, Helena, MT 59620 **Updated January 2018**