

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 13, 2026

Return completed application to:

Stacey Reynolds
Beaverhead County Clerk & Recorder
2 S. Pacific St, Ste #3
Dillon, MT 59725

Updated 11/17/2023

APPLICANT INFORMATIONMr.
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 (city) (state) (zip) Accredited? Yes No

Major field of study applicant plans to pursue _____

Applicant's SignatureDate 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 SignatureDate Completed _____
Mo. Day Year**OFFICIAL INFORMATION**

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

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

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.

EXTRA-CURRICULAR ACTIVITIES WHILE IN HIGH SCHOOL

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.)

Updated 11/17/2023

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**

Updated 11/17/2023

LOCAL GOVERNMENT IN YOUR COUNTY

Please explain FOUR ways that county government impacts you. 250 - 500 WORDS **MAX**

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