

**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 10, 2023

Return completed application to:

Debbie Pierson  
Flathead County Clerk & Recorder  
800 S. Main Street, Rm 114  
Kalispell, MT 59901

Or deliver in person to the Clerk & Recorder's Office located on the first floor of the Historic Flathead County Courthouse.

**Updated 01/03/2023**

**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 (city) (state) (zip) Accredited? Yes ☐ No ☐

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 #

<b>PERSONAL INFORMATION</b>
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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. List total amount earned for each job.

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EXTRA-CURRICULAR ACTIVITIES	
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Make a statement of your plans as they relate to your educational and career objectives and future goals.  
(If necessary, attach additional pages.)

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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.) (If necessary, attach additional pages.)

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