



DEBBIE PIERSON

FLATHEAD COUNTY CLERK & RECORDER
SURVEYOR/AUDITOR/ELECTION ADMINISTRATOR
800 South Main, Room 114 - Kalispell, Montana 59901
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Phone (406) 758-5530
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January 8, 2024

Dear Scholarship Coordinator,

The Montana Association of Clerk and Recorders is offering two \$1,000 scholarships to graduating Montana high school seniors attending an **in-state post-secondary school**.

Enclosed please find updated application forms, which must be completed and returned by March 15, 2024. Please feel free to photocopy the enclosed forms as needed. (Please destroy any old forms that you may have from previous cycles).

The association is requesting information related to an applicant's career objectives, future goals, and any unusual family or personal circumstances that have influenced their lives. Credits received for work experience as well as school and community activities should be included in the application.

I appreciate your willingness to share this opportunity with your senior students. If you have any questions, please do not hesitate to contact me.

Sincerely,

Debbie Pierson
Flathead County Clerk & Recorder

**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:

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 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 _____
(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

OFFICIAL INFORMATION

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

Official's Signature Date Title Telephone #

