



Helena College Foundation Scholarship

The Helena College Foundation is a nonprofit organization created to support Helena College in its pursuit of intellectual, cultural, and professional development, through student scholarships and program support. Several scholarships in the amount of \$500 will be made available by the Helena College Foundation for the academic year 2018-2019 to degree seeking Helena College students who have successfully completed at least one semester, in any program.

Deadline: October 24, 2018

Eligibility Criteria:

1. Minimum 2.75 GPA,
2. Successfully completed at least one semester at Helena College,
3. In good academic standing,
4. Low income but ineligible for Pell grant. Must submit a Free Application for Federal Student Aid (FAFSA) to prove eligibility.

Selection Decision:

The Helena College Scholarship Committee will review applications and submit recommendations; including application materials to the Helena College Foundation Board. The Helena College Foundation Board may select the scholarship recipient. The board may request to meet with potential recipients prior to scholarship approval. Each scholarship recipient will write an acknowledgement letter (thank you) to the foundation.

Application Procedure & Criteria:

1. Complete the Helena College Foundation application form and return it to the Financial Aid Office on or before the deadline,
2. Complete a 1-2 page essay explaining educational and future career goals and how this scholarship would allow you to reach these goals,
3. Attach two (2) completed reference forms (one academic), letters of recommendation can be included, but are optional,
4. Submit an unofficial transcript of grades.



Scholarship Application Form

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Program of Study _____

References: List the names of two (2) individuals who will write recommendations to accompany this application. **Attach these recommendations to this form in a sealed envelope.**

Name _____ Phone _____

Name _____ Phone _____

Application Checklist:

- Completed application form
- 1-2 page essay of need, educational & career goals
- Two Reference Forms (one academic)
- Unofficial transcript

The scholarship committee/Helena College may submit a notice of the award to the local newspaper or use the award information in public relations documents. The award information may include your name, program and dollar amount awarded. By signing this form you acknowledge and agree that this information may be disclosed.

Signature _____ Date _____

Submit completed application and material to Helena College Financial Aid Office at 1115 North Roberts Street, Helena, MT 59601.

The deadline for the 2018-2019 Helena College Foundation Scholarship is October 24, 2018.

Office Use Only:

GPA: _____ Date Received _____



Scholarship Reference Form 1

SECTION I: To Be Completed by the Applicant

Name _____

Under the Family Rights and Privacy Act of 1974, students enrolled at Helena College University of Montana have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and therefore, the letters will be held in confidence. I waive the right to review the reference form.

Student Signature _____ Date _____

SECTION II: To Be Completed By Evaluator

The above named individual is applying for a scholarship through Helena College University of Montana. Please rank the applicant in the categories below by placing an X in the appropriate box. Please return the form as soon as possible to the Financial Aid Office. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after the scholarship decision has been made.

	Excellent	Good	Satisfactory	Below Average	Poor	Not Applicable
Ability to Learn						
Integrity						
Leadership Ability						
Perseverance Toward Goals						
Team Member						
Attitude						
Initiative						
Motivation						
Communication Skills						
Organization/Time Management						
Responsibility						
Self-Discipline						

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, etc.)

2. Please tell us what you believe to be the applicant's particular strengths in his/her personal, educational or professional life. If you can, give examples of particular accomplishments.

3. What is your knowledge of the applicant's educational goals and his/her progress toward achieving these goals?

4. Is there any additional information we should know about this applicant in regard to this scholarship award?

What is your overall recommendation?

Recommend with Confidence Recommend Recommend with Reservations Do Not Recommend

I may have concerns about this student. Please contact me.

Yes No

Preferred contact method: Phone Email

Evaluator's Name _____

Organization/Institution/Department _____

Title _____

Address _____

Phone Number _____ **Email** _____

Signature of Evaluator _____ **Date** _____



Scholarship Reference Form 2

SECTION I: To Be Completed by the Applicant

Name _____

Under the Family Rights and Privacy Act of 1974, students enrolled at Helena College University of Montana have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and therefore, the letters will be held in confidence. I waive the right to review the reference form.

Student Signature _____ Date _____

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Motivation						
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Self-Discipline						

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2. **Please tell us what you believe to be the applicant's particular strengths in his/her personal, educational or professional life. If you can, give examples of particular accomplishments.**

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4. **Is there any additional information we should know about this applicant in regard to this scholarship award?**

What is your overall recommendation?

Recommend with Confidence Recommend Recommend with Reservations Do Not Recommend

I may have concerns about this student. Please contact me.

Yes No

Preferred contact method: Phone Email

Evaluator's Name _____

Organization/Institution/Department _____

Title _____

Address _____

Phone Number _____ **Email** _____

Signature of Evaluator _____ **Date** _____