



**Harrington Pepsi Bottling Company Scholarship**

The Harrington Bottling Company is graciously offering a \$1,000 scholarship to students enrolled at least 6 credits in a degree-seeking program at Helena College, which will be applied to the 2020-2021 academic year.

**Deadline: September 24, 2020**

**Eligibility Criteria:**

- Must file a FAFSA with results of an Expected Family Contribution (EFC) between 2701 – 10,000;
- Enrolled in at least 6 credits in a degree seeking program;
- Have at least a 2.0 GPA.

**Selection Decision:**

A scholarship committee consisting of Helena college faculty and staff will evaluate all applications and select the top four applicants to be scholarship recipients.

**Application Procedure & Criteria:**

1. Complete the 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.

**Applicant Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

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.



# Scholarship Reference Form 1 for Harrington Pepsi Bottling Company Scholarship

**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.

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

**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 for Harrington  
Pepsi Bottling Company Scholarship**

**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.

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

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** \_\_\_\_\_