



Shupe Memorial Scholarship

This scholarship has been made available to non-traditional students OR students utilizing the Adult Learning Center services to prepare and take the Hi Set exam to assist them to continue their education as degree seeking students at Helena College. The scholarship will assist with the cost of tuition and fees at Helena College. The scholarship is established through the Helena College Foundation to honor the memory of Bill Shupe, an educator and advocate for Adult Basic Education.

Deadline: September 16, 2020 **DEADLINE EXTENDED: October 9, 2020**

Eligibility Criteria:

1. Student who has utilized services through the Adult Learning Center;
 - a. Student who has taken and passed the Hi Set exam.
2. OR a Non-traditional student/student who has been away from school for at least 1 year.
3. Student who has been admitted into a degree seeking program at Helena College.

Selection Decision:

The Helena College Scholarship Committee will review applications and submit recommendations to the Shupe/Ekanger family. The Shupe/Ekanger family may participate in the selection of the scholarship recipient.

Each scholarship recipient will write an acknowledgement letter (thank you) to the donor.

Application Procedure & Criteria:

1. Complete the Shupe Memorial Scholarship 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.

Shupe Memorial 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)

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 Shupe Memorial 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.

	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 Shupe Memorial Scholarship

SECTION I: To Be Completed by the Applicant

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Preferred contact method: Phone Email

Evaluator's Name _____

Organization/Institution/Department _____

Title _____

Address _____

Phone Number _____ **Email** _____

Signature of Evaluator _____ **Date** _____