



## Harold Hamm Memorial Scholarship

Two scholarships in the amount of \$500 each are being offered to students currently enrolled, but soon to graduate, in the Aviation Maintenance Technology program at Helena College.

The original intent of the donor of this scholarship was that the monies were to be used by the students to assist in covering the costs of buying tools for use in starting the Aviation Maintenance trade upon graduation.

### **Application Procedure:**

Please include this **cover sheet** and a **personal statement** summarizing your abilities, future plans, and outstanding, professional qualities and/or awards in the Aviation Maintenance Technology program that qualifies you for this scholarship. Be specific and descriptive in your narrative. Please also include at least one **letter of recommendation** or the attached recommendation form from a former employer or community member.

**Due Date: February 28<sup>th</sup>, 2025**

### **Part I: Student Information**

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

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

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

Phone \_\_\_\_\_

Intended Graduation Date \_\_\_\_\_

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 \_\_\_\_\_

### **Part II: Attach Personal Statement**

### **Part II: Attach Recommendation Forms**

*Submit all application materials to the Financial Aid Office at Helena College, 1115 North Roberts Street, Helena, MT 59601 by **February 28<sup>th</sup>, 2025.***



## Scholarship Reference Form for Harold Hamm 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** \_\_\_\_\_