Harrington Pepsi Bottling Company Scholarship

The Harrington Bottling Company is graciously offering a $1,000 scholarship to a student enrolled at least 6 credits in a degree-seeking program at Helena College, which will be applied to the 2025 spring semester.

**Deadline: October 4th, 2024**

**Eligibility Criteria:**
- Must have unmet financial need fund of at least $1,000.00
- 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.
Harrington Pepsi Bottling Company Scholarship Application Form

Applicant Name ________________________________________________________________

Mailing Address ______________________________________________________________

City ___________________________ State _____________ Zip ________________

Telephone Number ____________________________

References: List the names of two (2) individuals who will complete reference forms to accompany this application. Attach the reference forms to this application 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.

The deadline for the Harrington Pepsi Scholarship is October 4th, 2024 before 5pm.

Office Use Only:

GPA: ________________
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.

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<th>Ability to Learn</th>
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<th>Satisfactory</th>
<th>Below Average</th>
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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 ___________________
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☐ Yes  ☐ No

Preferred contact method:  ☐ Phone  ☐ Email

Evaluator’s Name ________________________________________________________________

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Title _________________________________________________________________________

Address _____________________________________________________________________

Phone Number __________________________ Email _________________________________

Signature of Evaluator __________________________ Date _______________

08/2024