

Nurses Training Scholarship Application

40/8 Voiture 718 of Grand Du Montana



Type or print all information. Do not omit information. If the item is not applicable, write "N/A". Please submit a new application each year as required by scholarship criteria. The applicant needs to attach a written statement describing educational goals and other relevant information.

Personal Information:

Applicant Name: _____

Home Address: _____

City: State: Zip: _____

Home/Work Phone: _____

Student ID#: _____

E-mail address: _____

Marital Status: _____ No. of Dependents: _____

Military Status:

- Veteran
- Military Vet Spouse
- Military Family (brother, sister, parent, etc.)
- No Affiliation

Academic Information

Notice: To be eligible for a scholarship grant, applicant must be a full-time student

Name of College/University: _____

Semester for which application is being made (Term and Year): _____

Credit Hours Earned to Date and GPA: _____

Credit hours to be taken during semester for which scholarship is awarded: _____

Name of Program/Major: _____

College/University Instructor Recommendation Attached/Provided Yes: ___ No: ___

Applicant has attached written statement Yes: ___ No: ___

Note: Providing a recommendation statement that demonstrates a thorough commitment to a nursing career; interest/motivation with a financial understanding of the student's needs to their academic goals.

Confirm by the Office of the Register: _____

Signature of Representative _____ **Dated:** _____

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Recommendation Statement

(Note: This statement can be attached as a separate document
This should include any other scholarships awarded this scholarship year -- Please List)

Authorization Information:

I release to the 40/8 National, 40/8 Grande du Montana and 40/8 Voiture 718 Local the right to view my current and ongoing personal and academic records and transcripts for scholarship selection. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the current fiscal year.

I am aware that my name and information from my academic history is forwarded to the scholarship selection committee(s) and the scholarship donor(s). I permit La Societe des Quarante Hommes et Huit Chevaux (better known as 40 and 8) the right to arrange a meeting with the donor(s) and use my name, story, the picture for printed and video materials, and any press releases, without compensation. As well as I will attend ceremonies and receptions upon request. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

(Initial) _____

I acknowledge that the information submitted herewith is true and correct.

Student Signature: _____ Date: _____

Return Application to:

Helena College Scholarship and Work Study Officer in person by 5pm on ~~Jan. 21st. 2025~~

Dana Palen

Scholarship & Work Study Officer

1115 North Roberts Street
Helena, MT 59601

(406)447-6914
dana.palen@helenacollege.edu

Extended Due Date: 2/7/2025