HELENA COLLEGE
UNIVERSITY OF MONTANA

Everett Potter Memorial Scholarship

A $1,000.00 scholarship will be awarded to Helena College students enrolled in the Diesel Technology Program.

DEADLINE: Nov. 30th, 2026 funds for the Fall 2026 term!

Application Process:
Student must submit:

- A typed essay explaining why you are applying for this scholarship, your career and educational goals and your plans after graduation,
- Three completed reference forms from non-family members in sealed envelopes, letters of recommendation can be included, but are optional,
- A copy of unofficial transcripts.

After completion of the Agri-Diesel Technology Program, I plan to:

- ❑ Return to the family farm
- ❑ Seek employment in an agriculture machinery or industrial machinery dealership
- ❑ Other (please explain) _____

Source and amount of funds available for this academic year:

Parents $_____
Own Income $_____
Savings $_____
Scholarships $_____
Other Income (spouse, etc.) $_____
Financial Aid _____

Applicant Information:
Applicant Name_____ GPA _____

Mailing Address_____

City _____ State _____ Zip _____

Telephone Number _____

Date of Birth_____ Marital Status_____

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 _____

Submit application materials to the Helena College Financial Aid Office, 1115 North Roberts Street, Helena, MT 59601 by 5pm on Nov. 30th, 2026

HELENA COLLEGE
UNIVERSITY OF MONTANA

Scholarship Reference Form 1 Everett Potter 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** _____

HELENA COLLEGE
UNIVERSITY OF MONTANA

Scholarship Reference Form 2 Everett Potter 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
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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** _____

HELENA COLLEGE
UNIVERSITY OF MONTANA

Scholarship Reference Form 3 Everett Potter Memorial Scholarship

SECTION I: To Be Completed by the Applicant

Name _____

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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:

5. **How long have you known the candidate, and in what capacity (employer, school instructor, etc.)**

6. **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.**

7. **What is your knowledge of the applicant's educational goals and his/her progress toward achieving these goals?**

8. **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** _____