

Harold Hamm Memorial Scholarship

One scholarship in the amount of \$500 is being offered to a student 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 student 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: Dec. 6th, 2024

Part I: Student Information

Applicant Name		
Mailing Address		
City	State	_ Zip
Phone		
Intended Graduation Date		
The scholarship committee/Helena College m or use the award information in public relation name, program and dollar amount awarded. this information may be disclosed.	s documents. The award info	ormation may include your

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 **Dec. 6th, 2024.**

Date



Scholarship Reference Form for Harold Hamm Memorial Scholarship

Name	
Under the Family Rights and Privacy Act of 1974, students enrolled of Montana have access to their educational records, including letter students may waive their right to see letters of recommendation, are confidence. I waive the right to review the reference form.	rs of recommendation. However,
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.)

 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 □ I Not Recommend	Do					
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						