Montana State Elks Association, Inc. William and Sara Jenne' Scholarship Application Form

Requirements: This Scholarship is intended for students who have completed their first year of instruction at a Montana institution of higher learning and intend to continue their education into their second year of study at a Montana school. Applicants must be able to demonstrate the completion of full year of study and cumulative GPA of 2.0 to be considered.

This application and any attachments become the property of the Montana State Elks Association and will not be returned to the applicant. The application must be filled out completely. Attachments may be included that amplify and support the application. Care should be taken not to include unnecessary information.

Applications must be mailed no later than **June 1st** and winners will be notified no later than August 15th of the same year and will be given instructions at that time on how to collect the award.

Name:			
	Last	First	Middle
Mailing Address	s:		Phone :
			Email:
Personal Infor	mation: Date o	f Birth:	Place of Birth:
Marital Status:	Single Marri	ed Separated	Divorced
Dependents: Ye	s No (If yes, plea	ase list ages of each o	dependent.)
1	, 2, 3		
High School Att	ended:		Graduation Date:
High School GP	ላ: Clas	ss Rank:	
			year:
Montana Colleg	ge/University tha	nt you plan to attend	d next year:
Field of Study: _			GPA:
Number of Cred	lits Completed:		
Financial Info	mation : Please	list the amounts ava	ailable for your next year of study:
Personal saving	s\$		
Scholarships	\$		
Grants	\$		
Loans	\$	Outstanding	g Loans (unpaid) \$
Family Support	\$		
Employment	\$		
Other	\$		
Total:	\$		
What is the ant	icinated evnence	o for your second you	ar of education? Please include all expense, room
		travel to and from so	· · · · · · · · · · · · · · · · · · ·
			المان
\$			

Give a brief statement of your plans to finance your continuing education:	
Please describe your financial accountabilities outside of your education costs. (Family support payments, loans other than educational, medical expenses, etc.)	port, house or
Employment: Are you presently employed? Yes or No Number of hours worked per week What percentage of your earnings are you able to use for educational expense?% Please describe the circumstances of your employment. Is your employment seasonal, sum or part time? What are your duties and responsibilities? Is your employment related to you study?	
Field of Study : Please describe your field of study. Include your interest in this field, the application that the knowledge and any special circumstances surrounding your choice.	pplication of

worthiness for consideration. You may include an	section any factors that you feel amplify your need and and special hardships, personal and financial needs not t you feel would help the committee in their selection
Interests and Activities: Please describe your in volunteer activities.	nvolvement in recreational, community and/or
along with;two letters of recommendation. The letter	ipt of your completed first year's study and grades ers of recommendation should <i>exclude</i> family members munity leaders that can testify to your desire for
continued education and the importanceany attachments. Mail this application, no later than June 1st to:	of your need for financial assistance.
Ryan Laqua Attn: Scholarship 222 2 nd Ave SW Sidney, MT 59270	
I hereby certify that all statements in this applicat	tion are true and correct to the best of my knowledge:
Applicant's Signature	Date