

### **Everett Potter Memorial Scholarship**

These four \$500.00 scholarships will be awarded to Helena College students enrolled in the Diesel Technology Program.

#### EXTENDED DEADLINE DUE: May 18th, 2025 (Funds for summer 2025)

#### **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.

Return to the family farm

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

	_	achinery or industrial machinery	dealership
Source and amount of funds availed	able 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			
or use the award information in pu	ublic relations documer	a notice of the award to the local r nts. The award information may ind this form you acknowledge and a	clude your
Signature		Date	

Submit application materials to the Helena College Financial Aid Office, 1115 North Roberts Street, Helena, MT 59601 by 5pm on May 18th, 2025.



# Scholarship Reference Form 1 Everett Potter Memorial Scholarship

SECTION 1: To be Completed by the Applicant	
Name	
Under the Family Rights and Privacy Act of 1974, students enrolled at H Montana have access to their educational records, including letters of students may waive their right to see letters of recommendation, and confidence. I waive the right to review the reference form.	f 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.)

<ol> <li>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.</li> </ol>
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?
hat is your overall recommendation?  Recommend with Confidence □ Recommend □ Recommend with Reservations □ Door Recommend
may have concerns about this student. Please contact me.  Yes   No eferred contact method:   Phone   Email
valuator's Name
rganization/Institution/Department
le
ddress
none Number Email
gnature of Evaluator Date



# 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
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.)

<ol> <li>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.</li> </ol>
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
may have concerns about this student. Please contact me.  Yes  No Preferred contact method: Phone  Email
ivaluator's Name
Organization/Institution/Department
itle
Address
Phone Number Email
ignature of Evaluator Date



# Scholarship Reference Form 3 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 U Montana have access to their educational records, including letters of recommendatios students may waive their right to see letters of recommendation, and therefore, the letter confidence. I waive the right to review the reference form.	on. 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:

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

<ol> <li>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.</li> </ol>
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
may have concerns about this student. Please contact me.  Yes  Preferred contact method: Phone  Email
valuator's Name
Organization/Institution/Department
itle
Address
Phone Number Email
ignature of Evaluator Date