Gates of the Mountains Chapter of Credit Unions
People Helping People Scholarship

Eligibility Requirements

1. Be a graduation high school senior or currently enrolled college student at an accredited Montana college, university, trade, or craft school.
2. Live in; Lewis & Clark, Broadwater, Jefferson, Gallatin, Silver Bow, Powell, Deer Lodge, Park, Silver Bow or Cascade counties.
3. Be accepted or enrolled for the 2016-2017 school year at an accredited Montana college, university, trade or craft school.

Application Requirements

1. A completed application
2. Two essays of 500 words or less each
3. Personal statement
4. A resume detailing work experience and accomplishments (Please include supervisors and their contact information)
5. Two letters of reference (may be sent separately)
6. Transcript of your previous year’s schooling and current GPA

Award Criteria

1. Essays
2. Financial Need
3. Work Experience
4. Community Involvement
5. References

Timeline

1. Completed applications (including reference letters) must be postmarked by April 1, 2016 and sent to the address on the next page (If sent via e-mail, it must be received by 11:59 pm, April 1, 2016)
2. The recipient will be notified by May 1, 2016.
3. The recipient will be invited to attend the May 12 chapter meeting to receive the award.
4. The scholarship funds will be sent directly to the recipient’s school in the fall.

Provided by the following area credit unions and organizations:
APPLICATION

Mail completed application and attachments to:

Trico Community Federal Credit Union
Attn: Jalena Johnson
Po Box 7449
Helena, MT 59604
or Jalena@tricocommunityfcu.com

Contact Information

Applicant’s Name (First, Middle, Last): ____________________________________________________________

Address (Street, City, State, Zip): _____________________________________________________________

Telephone: ________________________________________________

*Are you a member of a credit union? ______

*If so, which one? ________________________________________________

*This will not have any bearing on the scoring of your scholarship

School Information

High School Attended: _____________________________________________________________

Address (Street, City, State, Zip): _____________________________________________________________

Graduation Date: _____________________________________________________________

College or University you will attend this fall: _____________________________________________________________

Address (Street, City, State, Zip): _____________________________________________________________

Anticipated Major: _____________________________________________________________
Community Experience

Please detail your community involvement; including any awards received (you may attach a separate sheet, if necessary):

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Financial Information

Please indicate your total family income from the most recent calendar year:

- □ Under $20,000
- □ $20,001-$30,000
- □ $30,001-$40,000
- □ $40,001-$50,000
- □ $50,001-$60,000
- □ $60,001-$70,000
- □ $70,001-$80,000
- □ Over $80,000

Describe any special financial circumstances that may cause you to have greater need for this scholarship:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Personal Statement

On a separate sheet of paper, please describe, in 200 words or less, how receiving this scholarship will help you achieve your educational and/or professional goals.

Recommendations

Please include two written references from persons not related to you (preferred: at least one from a teacher, employer, etc.). A reference guideline is attached and may be given to those writing a reference on your behalf.

Reference Name: ____________________________
Phone: ____________________________
Occupation/Relationship to you: ____________________________

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Phone: ____________________________
Occupation/Relationship to you: ____________________________
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Essays

On a separate sheet(s) of paper, please complete the following essays and attach them to your application. All essays must be no more than 500 words typed.

1. The credit union philosophy is “People Helping People”. Describe how this philosophy has impacted your life. How can you adopt this motto to improve the quality of life for you and those around you?
2. Explain what constitutes good financial planning and why it is important.

Signature

I, the applicant, certify that the information provided in this application is accurate and complete, to the best of my knowledge.

____________________________________________________ __________________________
Signature Date

*****Completed applications, and all supplemental materials, must be postmarked no later than April 1, 2016 (or received no later than 11:59 pm, if e-mailed). Applicants must meet all requirements outlined in the eligibility requirements. Applications will not be returned, and will become property of the Gates of the Mountains Chapter of Credit Unions. Illegible, incomplete, or untimely entries may be disqualified. The winner will be notified on or before May 1, 2016 by mail or phone. The recipient agrees to have their name/photos published in credit union materials. After confirmation of registration and acceptance at an accredited Montana college, university, trade, or craft school, for a consecutive 12 or more credits/unit hours, award checks will be paid to the school on the recipient’s behalf.
Gates of the Mountains Chapter of Credit Unions
People Helping People Scholarship

You have been asked to submit a letter of recommendation for a People Helping People Scholarship applicant. You may use this form as a guideline or simply answer these questions. Your recommendation can be mailed to the GOM Chapter at the address listed below or returned to the student in a sealed envelope. Complete applications, including recommendations are due by April 1, 2016.

Attn: Jalena Johnson
Po Box 7449
Helena, MT 59604
or Jalena@tricocommunityfcu.com

Name of Applicant: _____________________________________

How do you know the applicant? _______________________________________

Comment on the applicant’s character: _______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What characteristics do you consider his/her greatest attributes? _______________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How would you rate the applicant’s potential for future personal achievement? Why? _______________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional Comments: _______________________________________

________________________________________________________________________

________________________________________________________________________

Prepared by: ___________________________ Occupation: ___________________________

Signature: ___________________________ Date: _____________ Daytime Phone: ___________
Gates of the Mountains Chapter of Credit Unions

People Helping People Scholarship