



## **David Strong Memorial Scholarship**

David Strong was an amazing person whose contributions to education and the community were invaluable during his life. He was an administrator who always had an upbeat attitude and was always working to help students achieve their dream or provide them with a second chance. His love and dedication to career and technical education was apparent every day and he worked tirelessly to promote and improve those offerings to students across the state. He was a difference maker who changed many individual lives while he was with us and his work will continue to change lives long after he is gone.

The recipient of the David Strong Memorial Scholarship will receive a two year tuition waiver to attend a career and technical education program at Helena College University of Montana. This student must be a graduate of the Access to Success Program. The recipient must also possess the qualities necessary to positively affect others throughout their career and life as David Strong did. Please submit all application materials to the Financial Aid Office at Helena College, 1115 North Roberts Street, Helena, MT 59601 by **April 5, 2019**.

### **SCHOLARSHIP DETAILS:**

- Two year tuition waiver at Helena College (4 or 5 consecutive full-time semesters);
- Student will be notified by May 1 and announced at graduation each year.

### **ELIGIBILITY REQUIREMENTS:**

- Student must be a graduate of the Access to Success Program during the current academic year (Summer, Fall, or Spring);
- Student must be enrolled at least half time in a degree seeking program at Helena College;
- Student must achieve a 2.5 GPA, or better, and be enrolled full-time each semester of their college coursework to continue receiving scholarship;
- Student will be selected based on need, academic performance (Access to Success), and personal statement of career goals;
- Student must complete their 2019-2020 FAFSA by March 15, 2019.

### **APPLICATION REQUIREMENTS:**

- Completed application form
- Official Access to Success transcripts
- Statement of need and career goals
- Two completed reference forms (one academic), use the reference form included in this application. You can also attach letters of recommendation, but those are optional.



## David Strong Memorial Scholarship Application Form

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Program of Study \_\_\_\_\_

Names of two (2) individuals who will write recommendations to accompany this application.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please attach these recommendations to this form in a sealed envelope.**

Are you a graduate from the Access to Success Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, When? (MM/YYYY) \_\_\_\_\_

Submit completed applications to the Financial Aid Office at Helena College, 1115 North Roberts Street, Helena, MT 59601 by **April 5, 2019**. If you have any questions or need further assistance please contact the Helena College Financial Aid Office at 406-447-6915.

### APPLICATION CHECKLIST

- Completed application form
- Official Access to Success transcripts
- Statement of need and career goals
- Two completed reference forms (one academic), use the reference form included in this application. You can also attach letters of recommendation, but those are optional.
- Completed 2019-2020 FAFSA (do not include in application submission)



**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** \_\_\_\_\_



## Scholarship Reference Form 2

### 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** \_\_\_\_\_