GFWC of Montana Western District $500 Scholarship

General Rules for Scholarship Application

• The applicant must be a woman resident of Lincoln, Flathead, Lake, Sanders, Mineral, Missoula, Granite, Powell, Deer Lodge, Ravalli, or Beaverhead counties in Montana.
• Entering her 2nd year or higher of studies in any institute of higher education in Montana including technical programs, two-year schools, or four-year schools whether studying online or on campus.
• Grade point average must be 2.5 or above as of the last year of school.
• Each applicant must demonstrate financial need.
• Must be emailed by March 1 to: karengus@verizon.net

The Student will present for consideration:

• Scholarship application completed in full.

• Transcript from first year completed (need not be an official transcript).

• Two letters of recommendation from a teacher or someone who knows you well (other than a family member) is acceptable.

• A personal statement, not to exceed one typed page, including the following:
  o Your educational goals.
  o Your plans upon graduation.
  o Financial need including: Cost of tuition (available from your school); your work situation; living situation (with parents, spouse, single parent, children); other awards/scholarships expected.
  o Any additional information you feel the committee should know.
Western District Scholarship

Cover Page

Name: _____________________________________________

Address: __________________________________________

________________________________________________________________

Telephone: ___________________________________________

High School: __________________________________________

Address: ___________________________________________

________________________________________________________________

Year Graduated: _____________

**Remember to attach:**

- Transcript from first year completed (need not be an official transcript).
- Two letters of recommendation from a teacher or someone who knows you well (other than a family member) is acceptable.
- A personal statement, not to exceed one typed page, including the following:
  - Your educational goals.
  - Your plans upon graduation.
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Office Use Only

Application Code: ______

Judge #1 _________

Judge #2 _________

Judge #3 _________

Total ____________
Western District Scholarship
Application

College/Institution Attending:

__________________________________________

Address: ___________________________________  

__________________________________________

Date Entered: __________  Expected Year of Graduation: ______

Major Field of Study: __________________________

Minor Studies: ________________________________

All organizations, memberships, offices held, etc.: (attach list if necessary)

________________________________________________________________________

________________________________________________________________________

All honors and/or awards received: (attach list if necessary)

________________________________________________________________________

________________________________________________________________________

Activities / Interests beyond school: (attach list if necessary)

________________________________________________________________________

________________________________________________________________________