Jack E. Hihnala Memorial Scholarship

We are graciously offering a $1,000 annual scholarship to a Montana student, which will be applied to the 2019-2020 academic year.

Deadline: October 15, 2019

Eligibility Criteria:
- Currently enrolled in a degree-seeking program;
- Must be a Montana resident for at least the last 15 years;
- Considered low income;
- Minimum 3.0 GPA.

Selection Decision:
Mrs. Hihnala will review applications and notify Helena College, who will then award the scholarship funds on her behalf. Each scholarship recipient will write an acknowledgement letter (thank you) to the Mrs. Hihnala.

Application Procedure & Criteria:
1. Complete the application form and return it to the Financial Aid Office on or before the deadline,
2. Complete a 1-2 page essay explaining educational and future career goals and how this scholarship would allow you to reach these goals,
3. Attach two (2) completed reference forms (one academic), letters of recommendation can be included, but are optional.
Jack E. Hihnala Memorial Scholarship Application Form

Applicant Name ____________________________________________________________

Mailing Address ____________________________________________________________

City _____________________________ State ____________ Zip _______________

Telephone Number __________________________________________________________

References: List the names of two (2) individuals who will complete reference forms to accompany this application. Attach the reference forms to this application in a sealed envelope.

Name___________________________________ Phone___________________________

Name___________________________________ Phone___________________________

Application Checklist:
- Completed application form
- 1-2 page essay of need, educational & career goals
- Two Reference Forms (one academic)

The scholarship committee/Helena College may submit a notice of the award to the local newspaper or use the award information in public relations documents. The award information may include your name, program and dollar amount awarded. By signing this form you acknowledge and agree that this information may be disclosed.

Signature ____________________________________________ Date _______________

Submit completed application and material to Helena College Financial Aid Office at 1115 North Roberts Street, Helena, MT 59601.

The deadline for the 2019-2020 Hihnala Memorial Scholarship is October 15, 2019.

Office Use Only:
GPA: _________________ Date Received
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.

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<th>Ability to Learn</th>
<th>Excellent</th>
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<th>Satisfactory</th>
<th>Below Average</th>
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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 ____________________
Scholarship Reference Form 2

SECTION I: To Be Completed by the Applicant

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Student Signature _____________________________ Date ________________

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Preferred contact method:  ☐ Phone  ☐ Email

Evaluator’s Name __________________________________________________________

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