Optimist Club of Helena Scholarship at Helena College

Deadline for Academic Year 2021-2022: Deadline November 5, 2021

Two scholarships in the amount of $500 will be made available each year to degree seeking Helena College students, by the Optimist Club of Helena, whom are entering their second semester in any program.

Eligibility Criteria:
1. At least 3.0 GPA;
2. Entering second semester at Helena College;
3. Must be in good academic standing.
4. Under the age of 21 when applying.

Selection Decision:
Scholarship Committee: The Optimist Club of Helena will select recipient.

Each scholarship recipient will write an acknowledgement letter (thank you) to the donor.

Application Procedure & Criteria:
1. Complete this application form and return it to the Financial Aid Office on or before the deadline.
2. 1-2 page essay explaining future goals and how this scholarship would allow you reach these goals.
3. Attach two (2) completed reference forms (one academic), you may submit letters of recommendation, but they are optional.
Name _____________________________________________________________

Address ____________________________________________________________

City ________________________________ State ____________ Zip ___________

Telephone Number ________________________________

Program of Study _______________________________________________________

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 2021-2022 Optimist Club of Helena Scholarship is November 6, 2020.

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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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 __________
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Student Signature _______________________________________ Date __________________________

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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 __________