Shupe Memorial Scholarship

This scholarship has been made available to students utilizing the Adult Learning Center services to prepare and take the Hi Set exam in order to assist them to continue their education as degree seeking students at Helena College. The scholarship will assist with the cost of tuition and fees at Helena College. The scholarship is established through the Helena College Foundation to honor the memory of Bill Shupe, an educator and advocate for Adult Basic Education.

Deadline: September 18, 2019

Eligibility Criteria:
1. Student who has utilized services through the Adult Learning Center;
2. Student who has taken and passed the Hi Set exam;
3. Student who has been admitted into a degree seeking program at Helena College.

Selection Decision:
The Helena College Scholarship Committee will review applications and submit recommendations to the Shupe/Ekanger family. The Shupe/Ekanger family may participate in the selection of the scholarship recipient.
Each scholarship recipient will write an acknowledgement letter (thank you) to the donor.

Application Procedure & Criteria:
1. Complete the Shupe Memorial Scholarship 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.
Shupe Memorial Scholarship Application Form

Applicant Name _______________________________________________________

Mailing Address _______________________________________________________________________

City ____________________________ State ____________ Zip ____________

Telephone Number __________________________________________________________

Program of Study __________________________________________________________

References: List the names of two (2) individuals who will write recommendations to accompany this application. Attach these recommendations to this form 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.
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 ________________
Scholarship Reference Form 2
Shupe Memorial Scholarship

SECTION I: To Be Completed by the Applicant

Name ____________________________________________

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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 ________________