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 22, 2022.

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 at least half-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 2022-2023 FAFSA by April 22, 2022.

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 22, 2022. If you have any questions or need further assistance please contact the Helena College Financial Aid Office at 406-447-6914.

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 2022-2023 FAFSA (do not include in application submission)
Scholarship Reference Form 1 for David Strong Memorial Scholarship

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 for David Strong Memorial Scholarship

SECTION I: To Be Completed by the Applicant

Name __________________________________________________________________________

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Student Signature ___________________________________________ Date __________

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☐ Yes  ☐ No
Preferred contact method:  ☐ Phone  ☐ Email

Evaluator’s Name  ________________________________________________________________

Organization/Institution/Department  ______________________________________________

Title  ________________________________________________________________

Address  ________________________________________________________________

Phone Number  ___________________________ Email  __________________________________

Signature of Evaluator  ___________________________ Date  _______________