

Montana State Elks Association, Inc.  
William and Sara Jenne' Scholarship Application Form

**Requirements:** This Scholarship is intended for students who have completed their first year of instruction at a Montana institution of higher learning and intend to continue their education into their second year of study at a Montana school. Applicants must be able to demonstrate the completion of full year of study and cumulative GPA of 2.0 to be considered.

This application and any attachments become the property of the Montana State Elks Association and will not be returned to the applicant. The application must be filled out completely. Attachments may be included that amplify and support the application. Care should be taken not to include unnecessary information.

Applications must be mailed no later than **June 1st** and winners will be notified no later than August 15th of the same year and will be given instructions at that time on how to collect the award.

Name: \_\_\_\_\_

Last                                      First                                      Middle

Mailing Address: \_\_\_\_\_ Phone : \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

**Personal Information:** Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_

Dependents: Yes No (If yes, please list ages of each dependent.)

1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

High School GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Montana College/University that you attended last year: \_\_\_\_\_

Montana College/University that you plan to attend next year: \_\_\_\_\_

Field of Study: \_\_\_\_\_ GPA: \_\_\_\_\_

Number of Credits Completed: \_\_\_\_\_

**Financial Information:** Please list the amounts available for your next year of study:

Personal savings \$ \_\_\_\_\_

Scholarships \$ \_\_\_\_\_

Grants \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_ Outstanding Loans (unpaid) \$ \_\_\_\_\_

Family Support \$ \_\_\_\_\_

Employment \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

What is the anticipated expense for your second year of education? Please include all expense, room and board, tuition, fees, books, travel to and from school, etc.

\$ \_\_\_\_\_

Give a brief statement of your plans to finance your continuing education:

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Please describe your financial accountabilities outside of your education costs. (Family support, house or car payments, loans other than educational, medical expenses, etc.)

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**Employment:**

Are you presently employed? Yes or No      Number of hours worked per week. \_\_\_\_\_

What percentage of your earnings are you able to use for educational expense? \_\_\_\_\_%

Please describe the circumstances of your employment. Is your employment seasonal, summer only, full or part time? What are your duties and responsibilities? Is your employment related to your field of study?

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**Field of Study:** Please describe your field of study. Include your interest in this field, the application of the knowledge and any special circumstances surrounding your choice.

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**Special Considerations:** Please describe in this section any factors that you feel amplify your need and worthiness for consideration. You may include and special hardships, personal and financial needs not previously covered, or additional information that you feel would help the committee in their selection process.

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**Interests and Activities:** Please describe your involvement in recreational, community and/or volunteer activities.

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To this completed application:

- attach a legible copy of an official transcript of your completed first year's study and grades along with;
- two letters of recommendation. The letters of recommendation should *exclude* family members and *include* educators, employers or community leaders that can testify to your desire for continued education and the importance of your need for financial assistance.
- any attachments.

Mail this application, no later than **June 1st** to:

Ryan Laqua  
Attn: Scholarship  
222 2<sup>nd</sup> Ave SW  
Sidney, MT 59270

I hereby certify that all statements in this application are true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date