

HAZEL PADDEN – SARA KERR – MINNECLAIR HOFF MEMORIAL SCHOLARSHIP APPLICATION

This scholarship is being given by the Hazel Padden - Sara Kerr - Minneclair Hoff Memorial Scholarship Fund for \$500 to a student from **Carter County** with the following qualifications:

Complete this application and return it to the Fallon-Carter Extension Office, PO Box 850, Baker, Montana 59313.

Name _____ Name of school _____

Home Address _____

How long have you lived in Carter County? _____

Father's Occupation _____

Mother's Occupation _____

On a separate sheet of paper give reasons why you desire this scholarship;

list your educational goals, and why these are important to you.

Include with the application a resume and current transcript

of high school or college credits and grades.

HIGH SCHOOL RECORD:

How many in your graduation class? _____ Your rank in class? _____

What college or university are you planning on attending? _____

What community activities outside of school have you taken part in? _____

Have you worked to supplement your income in high school or college? _____

How? _____

Please give the names and addresses of four persons who could be contacted regarding your qualifications.

1. School principal or teacher/college instructor _____

2. School guidance counselor/college advisor _____

3. Someone outside of school _____

4. Other _____

Deadline for application is May 1, 2019. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE. (Requirements on back)

HAZEL PADDEN – SARA KERR – MINNECLAIR HOFF MEMORIAL SCHOLARSHIP APPLICATION

This scholarship is being given by the Hazel Padden - Sara Kerr - Minneclair Hoff Memorial Scholarship Fund for \$500 to a student from **Fallon County** with the following qualifications:

Complete this application and return it to the Fallon-Carter Extension Office, PO Box 850, Baker, Montana 59313.

Name _____ Name of school _____
Home Address _____
How long have you lived in Fallon County? _____
Father's Occupation _____
Mother's Occupation _____

*On a separate sheet of paper give reasons why you desire this scholarship;
list your educational goals, and why these are important to you.
Include with the application a resume and current transcript
of high school or college credits and grades.*

HIGH SCHOOL RECORD:

How many in your graduation class? _____ Your rank in class? _____

What college or university are you planning on attending? _____

What community activities outside of school have you taken part in? _____

Have you worked to supplement your income in high school or college? _____
How? _____

Please give the names and addresses of four persons who could be contacted regarding your qualifications.

1. School principal or teacher/college instructor _____
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3. Someone outside of school _____
4. Other _____

Deadline for application is May 1, 2019. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE. (Requirements on back)

REQUIREMENTS

- 1. Parents live in Fallon or Carter County the majority of the year.**
- 2. Any year in college.**
- 3. Any accredited institution.**
- 4. Grade point average of (C), “2.0” or better.**

**A \$500.00 scholarship will be awarded
in each Fallon and Carter counties.**

An alternate will also be selected for both.