

Empty Saddle Memorial Foundation Scholarship

i. ivali	ne: Last	∕₩₩₩\First		AWWWW Middle Initial
2. Age	e: Gender:	Marital Status: _		
3. Curi	rent address:			
4. Curi	rent phone #:			
5 Perm	Home nanent (home) address:			Cell
6. Nan	ne of parents or guardian:	and	•	or
7. Pare	ent or guardian address:	Father	Mother	Guardian
8. Occ	upation of parents or guardiar	1:	and	
PREVI	IOUS EDUCATION	Father/Guardian		Mother/Guardian
9. High	n School	City		
10. Co	ellege education:			
	a. College		Cit	у
	Years completed	Degree earned		Grade Point Average
	b. College		Cit	у
		Degree earned		
	c. How many semesters do y	ou have left until graduatio	n, including th	e current fall semester?
11. Ple	ease attach a copy of your high	n school or college transcri	ot and ACT ar	nd/or SAT scores.
12. ln י	which college program are you	u enrolled in or intend to en	roll in seeking	this scholarship?
	a. Name of College:			
	b. Major:			
	c. Area of Concentration:			

ACTIVITIES & ACHIEVEMENTS

13. List school-related activities you have be dates)	peen involved in for the past 4 years. (Include start and ending
14. List extra-curricular activities, activities years. (Include start and ending dates o	not sponsored by the school, you have participated in for the past 4 f participation for each activity.)
15. List the work experiences that you hav (months & years) and approximate hou	e had during the last four years (Include time employed at job rs per week worked
16. Write a paragraph or two indicating yoւ	ur career plans and future goals.

17. Write a paragraph explain grandparent, sibling etc.)	ining how someone has influenced you (Ex. parent, teacher, coach, friend,
18. Why do you feel you nee	ed this financial support?
REFERENCES Get three references (not rerecent.	elatives) (counselor, principal, teacher, employer etc.) Make sure references are
aid. I also agree if I am offere my name, photograph, the n	n is for the current school year. Any breach in enrollment will result in cessation of ed and accept an award from the Empty Saddle Memorial Foundation they may use name of my community, the name and address of the postsecondary institution I am public announcements, and other fundraising or promotional materials in all media
Date:	Signature of Applicant
Make sure your an	plication is complete, dated by February 15 th , and you
, , ,	three reference letters, a separate picture, and your
transcript with you	r application.
Submit to the Empty Saddle Memor	rial Foundation 2711 Niehenke Drive Sidney, MT 59270