

Empty Saddle Memorial Foundation Scholarship

Las	t	First		Middle Initia
2. Age:	Gender:	# of Dependents		
3. Current addr	ress:			
4. Current phor	ne #:			
	Home		Cell	
5 Permanent (h	nome) address:			
6. Name of parents or guardian:		and _		or
	-	Father	Mother	Guardian
7. Parent or gu	ardian address:			
8. Occupation of	of parents or guardian		and	
		Father/Guardian		Mother/Guardian
PREVIOUS ED			0:1	
9. High School			City _	
10. College edi	ucation:			
a. Coll	lege		City _	
Yea	rs completed	Degree earned	Grad	le Point Average
b. College		City		
		Degree earned		
c. How	many semesters do yo	ou have left until graduatior	n, including the cu	urrent fall semester?
_ 11 Please atta	uch a copy of your high	school or college transcrip	ot and your ACT	or SAT scores
TT. T ICasc atta	ion a copy or your mgm	scribble of college transcrip	t and your Aor	DI OAT 300103.
12. In which co	ollege program are you	enrolled in or intend to en	oll in seeking this	s scholarship?
a. Namo	e of College:			
	ess of College:			

ACTIVITIES & ACHIEVEMENTS

13. List school-related activities you have been involved in for the past 4 years. (Include start and ending dates for each activity. Ex. 2022-2026, Volleyball)
14. List extra-curricular activities, not sponsored by the school, you have participated in for the past 4 years. (Include start and ending dates of participation for each activity. Ex. 2024-2026, Sunday School Teacher)
15. List the work experiences that you have had during the last four years (include time employed, type of work, and approximate hours worked per week Ex. Aug 2023-May 2025, Depot waitress, 10 hours)
16. Write a paragraph or two indicating your career plans and future goals.

17. Write a paragraph expla 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 re	latives) (counselor, principal, teacher, employer etc.)
aid. I also agree if I am offer 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
_ = =	plication is complete, postdated by February 15 th , and three reference letters, a picture, and your transcript on.
Submit to: Empty Saddle Memoria	al Foundation 2711 Niehenke Drive, Sidney, MT