



Empty Saddle Memorial Foundation Scholarship

PERSONAL INFORMATION

1. Name: _____
Last First Middle Initial
2. Age: _____ Gender: _____ Marital Status: _____ # of Dependents _____
3. Current address: _____
4. Current phone #: _____
Home Cell
5. Permanent (home) address: _____
6. Name of parents or guardian: _____ and _____ or _____
Father Mother Guardian
7. Parent or guardian address: _____
8. Occupation of parents or guardian: _____ and _____
Father/Guardian Mother/Guardian

PREVIOUS EDUCATION

9. High School _____ City _____
10. College education:
 - a. College _____ City _____
Years completed _____ Degree earned _____ Grade Point Average _____
 - b. College _____ City _____
Years completed _____ Degree earned _____ Grade Point Average _____
 - c. How many semesters do you have left until graduation, including the current fall semester? _____
11. Please attach a copy of your high school or college transcript and ACT and/or SAT scores.
12. In which college program are you enrolled in or intend to enroll in seeking this scholarship?
 - a. Name of College: _____
 - b. Major: _____
 - c. Area of Concentration: _____
 - d. Address of College: _____

ACTIVITIES & ACHIEVEMENTS

13. List school-related activities you have been involved in for the past 4 years. **(Include start and ending dates)**

14. List extra-curricular activities, activities not sponsored by the school, you have participated in for the past 4 years. **(Include dates of participation for each activity.)**

15. List the work experiences that you have had during the last four years **(Include months and years of job experiences)**

16. Write a paragraph or two indicating your career plans and future goals.

17. Write a paragraph explaining how someone has influenced you (Ex. parent, teacher, coach, friend, grandparent, sibling etc.)

18. Why do you feel you need this financial support?

REFERENCES

Get three references (not relatives) (counselor, principal, teacher, employer etc.) **Make sure references are recent.**

I understand this application is for the current school year. Any breach in enrollment will result in cessation of aid. I also agree if I am offered and accept an award from the Empty Saddle Memorial Foundation they may use my name, photograph, the name of my community, the name and address of the postsecondary institution I am attending in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet).

Date: _____ Signature of Applicant _____

Make sure your application is complete, postdated by February 15th, and you have included your three reference letters, a separate picture, and your transcript with your application.

Submit to the Empty Saddle Memorial Foundation 2711 Niehenke Drive Sidney, MT 59270