THE

DEBBIE PIERSON

FLATHEAD COUNTY CLERK & RECORDER SURVEYOR/AUDITOR/ELECTION ADMINISTRATOR 800 South Main, Room 114 - Kalispell, Montana 59901 dpierson@flathead.mt.gov Phone (406) 758-5530 Fax (406) 758-5877



January 8, 2024

Dear Scholarship Coordinator,

The Montana Association of Clerk and Recorders is offering two \$1,000 scholarships to graduating Montana high school seniors attending an **in-state post-secondary school**.

Enclosed please find updated application forms, which must be completed and returned by March 15, 2024. Please feel free to photocopy the enclosed forms as needed. (Please destroy any old forms that you may have from previous cycles).

The association is requesting information related to an applicant's career objectives, future goals, and any unusual family or personal circumstances that have influenced their lives. Credits received for work experience as well as school and community activities should be included in the application.

I appreciate your willingness to share this opportunity with your senior students. If you have any questions, please do not hesitate to contact me.

Sincerely,

Debbie Pierson Flathead County Clerk & Recorder

MONTANA CLERK & RECORDER'S SCHOLARSHIP APPLICATION FORM

AMOUNT OF SCHOLARSHIP

\$1,000.00 2 Scholarship Winner

APPLICANT MUST BE A GRADUATING SENIOR WHO WILL BE ATTENDING AN IN STATE SCHOOL. APPLICATION MUST BE COMPLETELY FILLED OUT TO BE CONSIDERED.

This Application for the Clerk & Recorder's Scholarship becomes complete and valid only when you have returned the following materials:

Application	All required signatures
Application deadline: March 15, 2024	

Return completed application to:

Debbie Pierson Flathead County Clerk & Recorder 800 S. Main Street, Rm 114 Kalispell, MT 59901

Or deliver in person to the Clerk & Recorder's Office located on the first floor of the Historic Flathead County Courthouse.

Updated 11/17/2023

			APPLICANT INFORMA	TION		
	_			Cou	inty:	
f. S.	_					
». L	(Last)	(First)	(Middle Initial)	Tele	ephone Number	
	Permanent Address	(street)	(city)	(sta	te)	(zip)
	Father's Full Name	-			_Occupation	
	Permanent mailing address guardian if different from ap		(street)	(city)	(state)	(zip)
	Mother's Full Name				Occupation	
	Permanent mailing address guardian if different from ap		(street)	(city)	(state)	(zip)
			will be attending a post coming school year, inc	uding applic	ant	
	augusta paramanan waxay ayaa ayaa ayaa ayaa ayaa ayaa aya		SCHOOL INFORMAT	ION		part 10 mm and 10 mm
	High School Attended		Gra	aduation Dat	e (Month)	(Year)
	Address				(,	(1.55)
		(street)	(city) (sta	ate)	(zip)	Telephone Number
	Name of post-secondary so	chool for which appli	icant's scholarship is requeste		College/Univ	Vo-Tech
				Com	munity College	Other
	Address				edited? Yes	No
		(city)	(state) (zip))		
	Major field of study ap	plicant plans to	pursue			
	Applicant's Signature					
	Date Completed					
		Mo.	Day Yea	ar		
		STATEM	MENT BY PARENTS OF	R GUARDIA	N:	
	I have read this applic	cation, attest to t	the accuracy thereof to t	he best of m	ny knowledge, u	inderstand that the
	candidate is applying	for a Montana C	Clerk & Recorder's scho	arship, and	have no objecti	on thereto.
	Parent or Legal Guard	lian's Signature				
	Date Completed					
		Mo.	Day Yea	ar		
-		OF	FICAL INFORMATION			
ollowi	ng section completed by			of School, (Counselor, Prini	cipal)
Officia	l's Signature	Date	Title	Tele	ephone #	

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Please list your work experience during the past 4 years. Indicate dates of employment in each job and the approximate number of hours worked each week.

POSITION	Date From(mo/yr)	Date to (mo/yr)
	.,	

EXTRA-CURRICULAR ACTIVITIES WHILE IN HIGH SCHOOL

ACTIVITY	NUMBER OF YEARS

Education and Career Goals

Make a statement of your plans as they relate to your educational and career objectives and future goals. (If necessary, attach additional pages.)			
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UNUSUAL FAMILY OR PERSONAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities. (Examples: Medical, death in immediate family, divorce, tragedy, adverse financial circumstances, etc.) 500 WORDS MAX			

LOCAL GOVERNMENT IN YOUR COUNTY

Please explain FOUR ways that local government impacts your county. 250 - 500 WORDS MAX			