

## SCHOLARSHIP APPLICATION PROCESS AND REQUIREMENTS

The Treacy Foundation gives scholarships to entering freshman and sophomore college students who are residents of Montana or Idaho.

The scholarships are \$2,000.00 per year and are renewable for 4 years to a college of your choosing.

The application deadline is **May 1st, 2019**. The applications are then reviewed by the scholarship Selection Committee in. The applicant will then be notified of his/her selection or non-selection.

We do not offer scholarships for trade school. We do not offer scholarships for entering junior, senior or graduate college students.

We do provide preference to students requesting renewal of their scholarships, so we are limited on the number of new scholarships granted each year.

Once a student has been selected for a Treacy Foundation scholarship, that student will receive preference for renewal. You must write a letter or email the Treacy Foundation requesting renewal by **May 1<sup>st</sup> each year**. Include your student ID# and the school you are attending.

Please do not include tax returns or FASA application.

If you have any questions, please email [kimmy@treacyfoundation.org](mailto:kimmy@treacyfoundation.org)

Please do not send this page back with application.

Kimmy Skiftun

Executive Director

# Treacy Foundation Scholarship

P.O. Box 1479 Helena, Montana 59624 406-443-3549

**Application Due Date: May 1st**

[www.treacyfoundation.org](http://www.treacyfoundation.org)

**DO NOT ALTER THIS FORM**

NAME \_\_\_\_\_

PERMANENT MAILING ADDRESS

\_\_\_\_\_ STREET CITY STATE ZIP

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

YOUR SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or COLLEGE ID # \_\_\_\_\_

WHAT IS YOUR MARITAL STATUS?

*PLEASE CIRCLE ONE*

SINGLE

MARRIED

DIVORCED/WIDOWED

NAME OF FATHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

## **EDUCATION**

HIGH SCHOOL DIPLOMA \_\_\_\_\_ GED \_\_\_\_\_ HOMESCHOOLED \_\_\_\_\_ COMMULATIVE GPA \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

HONORS IN HIGH SCHOOL \_\_\_\_\_

HIGH SCHOOL ACTIVITIES \_\_\_\_\_

\_\_\_\_\_  
Additional sheets maybe added if needed

## **COLLEGE YOU WILL BE ATTENDING**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE SCHOOL STARTS \_\_\_\_\_ MAJOR \_\_\_\_\_

LAST COLLEGE ATTENDED (if you attended) \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

## **EMPLOYMENT**

EMPLOYMENT DURING THE PAST THREE YEARS POSITION NAME OF EMPLOYER

\_\_\_\_\_

\_\_\_\_\_

**EXPENSES**

EXPECTED 2019/2020 COLLEGE EXPENSES

TUITION \_\_\_\_\_

BOOKS \_\_\_\_\_

ROOM & BOARD \_\_\_\_\_

MISCELLANEOUS \_\_\_\_\_

WHAT YEAR WILL YOU BE IN COLLEGE IN 2019/2020?

1<sup>st</sup> (never previously attended)   
 1<sup>st</sup> (previously attended college)

2<sup>nd</sup>

NUMBER OF FAMILY MEMBER IN HOUSEHOLD IN 2018/2019

NUMBER OF COLLEGE STUDENTS IN FAMILY FOR 2018/2019

	FULL NAME OF FAMILY MEMBERS INCLUDE PARENTS	AGE	ATTENDED COLLEGE In 201/2019		YEAR IN SCHOOL IF ATTENDING 2019/2020	If attended College in 2018/2019 give amount of: Scholarships/Grants      Parents Contribution
			Yes	No		
1	<b>You the student applicant</b>					
2						
3						
4						
5						
6						
7						

**ANNUAL INCOME**

HOW MUCH DID YOU EARN IN THE YEAR 2018?

\_\_\_\_\_ FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ STUDENT/ SPOUSE/OTHER

LIST ALL OTHER SCHOLARSHIPS THAT YOU WILL BE RECEIVING OR HAVE RECEIVED IN 2018/19?

<u>Scholarship</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE PROVIDE ANY FURTHER FINANCIAL INFORMATION THAT WILL HELP THE SCHOLARSHIP COMMITTEE WHEN REVIEWING YOUR APPLICATION.

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**REASON FOR APPLYING FOR SCHOLARSHIP** Attach a separate letter giving your reasons for applying for a Treacy Foundation Scholarship. Give information you feel will help the committee in their selection such as hobbies, outside interests, and community service. Please contain this information to one to two pages.

**TRANSCRIPT** An transcript from your last school attended must be included with this application or sent from the school to qualify for the scholarship. If you have Advanced Placement credits (AP) send that transcript also. Must have a GPA on transcript.

**FINANCIAL INFORMATION** We ask this information to determine financial need. If you wish to not provide this information, we will not consider your application.

**YOU MAY GO TO ANY SCHOOL THAT YOU LIKE, BUT YOU MUST BE A RESIDENT OF MONTANA OR IDAHO TO APPLY.**

**STATEMENT OF ACCURACY THAT THE APPLICANT FILLED APPLICATION OUT**

I HEREBY AFFIRM THAT ALL THE ABOVE STATED INFORMATION PROVIDED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF SCHOLARSHIP APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**REMEMBER**

**Application Due date for this application is May 1st**

**This does not mean "Postmarked"**

**It has to be in our office by May 1st**

**Checklist:**

- OFFICIAL TRANSCRIPT WITH GPA and AP TRANSCRIPT IF APPLIES
- SEPARATE LETTER GIVING YOUR REASONS FOR APPLYING FOR A TREACY FOUNDATION SCHOLARSHIP
- COMPLETED APPLICATION WITH SIGNATURE

May be sent electronically: [kimmy@treacyfoundation.org](mailto:kimmy@treacyfoundation.org) or faxed: 406-443-6183