

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 \$3,000.00 per year and are renewable for 4 years to a college of your choosing.

The application deadline is **April 30, 2020**. The applications are then reviewed by the scholarship Selection Committee. 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 1st 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

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: April 30th

www.treacyfoundation.org

DO NOT ALTER THIS FORM

NAME _____

PERMANENT MAILING ADDRESS

STREET/P.O. BOX 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 2020/2021 COLLEGE EXPENSES

TUITION _____

BOOKS _____

ROOM & BOARD _____

MISCELLANEOUS _____

NUMBER OF FAMILY MEMBER IN HOUSEHOLD IN 2019/2020

NUMBER OF COLLEGE STUDENTS IN FAMILY FOR 2019/2020

	FULL NAME OF FAMILY MEMBERS INCLUDE PARENTS	AGE	ATTENDED COLLEGE In 2020/2021		YEAR IN SCHOOL IF ATTENDING 2020/2021	If attended College in 2019/2020 give amount of:	
			Yes	No		Scholarships/Grants	Parents Contribution
1	You the student applicant						
2							
3							
4							
5							
6							
7							

ANNUAL INCOME

HOW MUCH DID YOU EARN IN THE YEAR 2019?

_____YOURSELF_____FATHER_____MOTHER_____SPOUSE/OTHER

LIST ALL OTHER SCHOLARSHIPS THAT YOU WILL BE RECEIVING FOR 2020/21

Scholarship

Amount

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

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. Please answer all of the questions. 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 APRIL 30th

This does not mean "Postmarked"

It has to be in our office by APRIL 30th

Checklist:

- 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 or faxed: 406-443-6183