

# SCHOLARSHIP APPLICATION PROCESS AND REQUIREMENTS

ACADEMIC YEAR 2024-2025

The Treacy Foundation gives scholarships to entering freshman or sophomore students who are residents of Montana with 60 or less college degree credits.

The scholarships are \$3,000.00 per year and are renewable up to 3 years (for a total of 4 years) at a college of your choosing. The scholarships are for tuition only.

The application deadline is **April 29, 2024, by 12:00 PM**. The applications are reviewed by our scholarship Selection Committee. The applicant will be notified of his/her selection or non-selection.

We do not offer scholarships for trade schools. 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. When renewing you must write a letter or email the Treacy Foundation requesting renewal by **April 29th 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 [director@treacyfoundation.org](mailto:director@treacyfoundation.org)

Please do not send this page back with application. Please DO NOT staple or bind your application and attachments.

Mike Cooney

Executive Director

[director@treacyfoundation.org](mailto:director@treacyfoundation.org)

**Treacy Foundation Scholarship**  
P.O. Box 1479 Helena, Montana 59624 406-443-3549  
**Application Due Date: April 29th @ 12:00 PM**  
[www.treacyfoundation.org](http://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 TWO YEARS      POSITION      NAME OF EMPLOYER

\_\_\_\_\_

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**EXPENSES**

## EXPECTED 2024/2025 COLLEGE EXPENSES FOR THE YEAR

TUITION \_\_\_\_\_

BOOKS \_\_\_\_\_

ROOM &amp; BOARD \_\_\_\_\_

MISCELLANEOUS \_\_\_\_\_

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD IN 2024/2025

NUMBER OF COLLEGE STUDENTS IN FAMILY FOR 2024/2025

	FULL NAME OF FAMILY MEMBERS INCLUDE PARENTS	AGE	ATTENDED COLLEGE In 2023/2024		YEAR IN SCHOOL IF ATTENDING 2024/2025	If attended College in 2023/2024 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 2023?

\_\_\_\_\_ YOURSELF \_\_\_\_\_ FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SPOUSE/OTHER

LIST ALL OTHER SCHOLARSHIPS THAT YOU WILL BE RECEIVING FOR 2024/25 (be specific)

ScholarshipAmountYears of Scholarship

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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 demonstrating financial need. You may include such things as hobbies, outside interests, and community service. Please contain this information to one to two pages.

**TRANSCRIPT** A transcript from your last school attended. This includes high school and/or colleges 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. The transcript must include your GPA and your GPA must be a minimum of 2.50 or higher.

**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. Please do not send tax return or FASA applications to us.

**YOU MAY GO TO ANY SCHOOL THAT YOU LIKE, BUT YOU MUST BE A RESIDENT OF MONTANA 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 29th @ 12:00 PM**

**This does not mean “Postmarked”**

**It has to be in our office by APRIL 29th @ 12:00 PM**

**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: [director@treacyfoundation.org](mailto:director@treacyfoundation.org) or faxed: 406-443-6183