

Last	First		Middle	Maiden
Address:				
City:	State:	Zip:	County:	
Telephone:		Email:		
Date of birth:	Soc	cial Security No:		
Siblings (names/ages):				
Education Information High School:		Graduatio	n Date:	
Rank in Class: /	Cumulative GP	PA: SA	AT/ACT score:	
	Cumulative GF	PA: SA	AT/ACT score: _	
Rank in Class: / College you plan to attend: First Choice:	Cumulative GF	PA: SA	AT/ACT score: _	
College you plan to attend:	Cumulative GF	PA: SA	AT/ACT score: _	

Written Information

- 1. On a separate sheet of paper, please state your education and career goals and why you want to attend college. **Be specific.**
- 2. On a separate sheet of paper, please write an essay not to exceed 500 words on a topic of your own choice.

- 3. On a separate sheet of paper, list school related participation on extracurricular activities during high school. Be brief, and please include year(s) of participation for each activity.
- 4. On a separate sheet of paper, list community activities you have participated in during high school.
- 5. On a separate sheet of paper, list significant achievements or any special awards you have received.
- 6. On a separate sheet of paper, list summer and part-time employment held. Please include years of employment.
- 7. If desired, on a separate sheet of paper, please make additional comment that may be relevant for the committee evaluating this application.

Trust Document - Good Citizenship

The Last Will and Testament of Marguerite Lamb (controlling document of the Charles M. Bair Memorial Trust) requires:

In selecting recipients of the scholarship hereby created, consideration shall be given to achievement in high school, both academic and otherwise, good citizenship, moral character, apparent ability to benefit by a college education and financial need.

If there are any circumstances (including any criminal offenses, suspensions from school including any sports or other extracurricular activities, any other conduct that fails to meet the above conduct/moral requirement, please disclose here. (Failure to disclose is grounds for termination of a previously awarded scholarship.)

Recommendations

Please include with your application recommendations written by (at least two) professionals who can attest to your abilities and probability of success in college. Examples of such professionals would include teachers, employers (past and present), clergy, etc.

Transcripts

Your application must include an official copy of your academic transcript. The transcript should be sealed in an envelope with an official signature across the seal. The transcript should also include ACT and/or SAT scores, or an official copy of the score(s) shall be included. Transcript requirements are as follows:

- Applicants with no college experience must submit a high school or GED transcript.
- First year college students must submit high school and college transcripts.
- All other college students must submit college transcripts and proof of completing high school in Meagher or Wheatland County.

Financial Information (Applicant)

Savings account balance:	Checking account balance:
Wages earned in previous year:	
Is the applicant a U.S. citizen?	Yes No
Is the applicant married?	Yes No
Will the applicant receive additional	scholarship assistance? If so, list award(s) and amount(s):
	tepfather Guardian tepmother Relative
Certification:	
that any false answers or deliberate of this application and withdrawal of an applicant's employment, schooling, a or companies supplying information may suffer as a result of this informa	preceding questions are true and complete. I (we) understand omissions on this application may be grounds for rejection of my award granted. I (we) authorize investigation of and other activities and release those persons, organizations, from all liability and responsibility for any damages I (we) tion, I (we) agree that I (we) will abide by all decisions made norial Trust Scholarship as they concern this scholarship
Applicant signature	Date:
Parent/Guardian signature*	Date:

*Signature of parent or guardian is required if student is a dependent for financial aid purposes.

Financial Information (Parent or Guardian)

Father, male head of household, or guardian:					
Name:	Age:				
Employer:					
Type of employment:					
Adjusted gross income or estimate if return has	as it appears on previous year's U.S. Income Tax Return (last line page 1) s not been filed:*				
Mother, female head of household, or guardian:					
Name:	Age:				
Employer:					
Type of employment:					
Adjusted gross income as it appears on previous year's U.S. Income Tax Return (last line page 1) or estimate if return has not been filed:*					
Other income received in	previous year: Other assets:				
SS Benefits	Savings Account				
Veterans' benefits	Stocks/Bonds				
Child support	Farm/business**				
Retirement	Other land/buildings**				
Unemployment	**less indebtedness				
Housing information: Family expenses previous year:					
Residence rented (month)	Medical/dental				
Resident owned (payment					
Original purchase price	Other				
Estimated present value					
Mortgage balance					
Other debts outstanding (do not include house mortgage, auto loans, or personal loans):				
Total family members atte	nding college:				
Signature of parent/guard	ian				
Signature of parent/guard	ian				
Dated					

^{*}A copy of the entire previous year's U.S. Income Tax Return must be included with this application.