

B Charles M. Bair
Memorial Scholarship

School Choice Form

School Information

Name of scholarship recipient: _____

Social security number: _____

I will be attending (college/university): _____

Address of financial aid/billing office: _____

Telephone number financial aid/billing office: _____

School year begins: _____

Terms (select one): Semesters Trimesters Quarters

Student Information (at College/University)

Address: _____

Telephone (dorm, apt, etc.): _____ Cellular: _____

Email address: _____

Student signature _____

Dated _____

Please return form to the following address:

Charles M. Bair Memorial Trust Scholarship
U.S. Bank Trust
PO Box 30678
Billings, MT 59115-0678