

B *Charles M. Bair
Memorial Scholarship*

School Choice Form

School Information

Name of scholarship recipient: _____

Social security number: _____

I will be attending (college/university): _____

School year begins: _____

Semester (select one): *Fall* *Spring*

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*