

**B** *Charles M. Bair*  
*Memorial Scholarship*

**Contact Information**

***Please update your information and return this form.  
Thank you for your help!***

**Name:** \_\_\_\_\_

**Current (School) Address:** \_\_\_\_\_

\_\_\_\_\_

**Permanent (Home)Address:** \_\_\_\_\_

\_\_\_\_\_

**Current Telephone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Did you change schools or are you planning to? If so, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please remember that you are responsible for submitting your  
grades at the end of each semester you receive the Bair  
Scholarship!***

***Charles M. Bair Memorial Scholarship  
U.S. Bank Trust  
P.O. Box 30678  
Billings, MT 59115-0678  
(406) 657-8139***