

Wilderness and Civilization Program
2009-2010 SCHOLARSHIP APPLICATION

Please type or print when completing this form.

Student Name: Last, _____ First, _____ Middle _____ Social Security/ID No. _____

Local Mailing Address _____ Email address _____

City _____ State _____ Zip Code _____ Telephone # _____

Parent's/Guardian's or Permanent Address _____

City _____ State _____ Zip Code _____ Telephone # _____

High School Name, City, State _____ Year of Graduation _____

Other Colleges/Universities Attended (if any) _____

Residency for Education Purposes: Montana _____ Other (specify) _____

Tax Status: Dependent _____ Independent _____

Class as of Fall semester 2009: FR _____ SO _____ JR _____ SR _____

Advisor: _____ Expected UM Graduation Date: _____

Semesters to be enrolled in 2009-2010: Fall _____ Spring _____ Both _____

Major: _____

Area of Emphasis (if any): _____

Area of Specialization (if any): _____

Minor (if any): _____

Names of references from whom you have requested recommendation forms (at least one must be from a university-level faculty member):

1. _____ 2. _____

Application Continued

Student Name: Last, First, Middle

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Have you filed the Federal Financial Aid Eligibility form or do you plan to do so? Yes _____ No _____

Do you wish to be considered for scholarships on the basis of need? Yes _____ No _____

Are you a Veteran? Yes ____ No ____ Branch and Dates of Service _____

List your college, service, club, community, and work experiences:

List any honors (scholastic and other) that you have received:

List any special hobbies or interests you have: (music, art, dance, sports etc.)

Student Name: Last, First, Middle

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Please give a statement of your education and/or future work goals (in brief).

FINANCIAL NEED SECTION

Anticipated Total Expenses for Academic Year 2007-2008 _____ No. of Dependents _____

Indicate specific expense amounts for each of the following categories:

___ School Tuition ___ Living (housing, food) ___ Other (specify)

Anticipated Total Income and Other Financial Resources _____

Indicate specific income amounts from each of the following categories:

___ Work ___ Savings ___ Parents/Spouses/Family ___ Investments ___ Financial Aid ___ Scholarships

Other (specify) _____

Anticipated financial aid from UM (amount and type) _____

Detail any special financial circumstances affecting your situation - medical costs, obligations to support others, etc. Use additional pages if necessary.

I certify that the information supplied in this application is correct. I allow the Scholarship Committee access to my transcript, and I give permission for release of my current grades and the information contained in this application to outside scholarship and award donors as needed and in strict confidence.

Applicant Signature

Date