

BITTERROOT COLLEGE SCHOLARSHIP PROGRAM

Mission Statement

The Greater Ravalli Foundation seeks to financially support the growth and development of Ravalli County’s school children K-12, by addressing four specific needs which comprise the basic essentials of daily life in the Bitterroot; education facilities, supplies and grassroots programs, scholarships for all levels of academic ability, sustenance, such as winter clothing, hot meals and other food programs and various capital line items as they arise, such as cafeteria equipment and extracurricular program needs.

NAME _____
Last First Middle Initial
Social Security # _____ Permanent Telephone _____

PERMANENT ADDRESS _____
(all mailings will be sent to your permanent address)

City, State, Zip Code _____

E-mail _____
(if available)

Your citizenship status: U.S. Citizen U.S. Permanent Resident Other (explain)

Birthdate _____ Birthplace _____ Sex Male / Female

How long have you lived in Ravalli County? _____

NEAREST RELATIVE NOT LIVING WITH YOU

Name _____ Phone _____

Relationship to you _____

Address _____

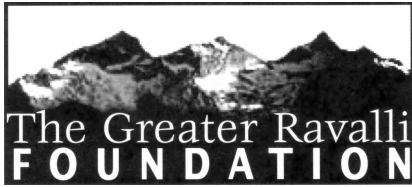
City, State, Zip Code _____

RECOMMENDATIONS (List the names of those providing the required recommendations.)

Academic _____

Other _____
(an additional instructor, employer, supervisor or extracurricular director)

FOR OFFICIAL USE ONLY
Date Received _____
 Personal Statement
 Activities/Empl. Sheet
 HS Transcripts
 SAT scores (optional)
 One Academic Recommendation
 Other Recommendation
Later: General TGRF Loan App.
 Complete Financial Statement
 Tax Return
RC Residency
 Yes
 No
 Ask
Interview Time/Date _____



BITTERROOT COLLEGE SCHOLARSHIP PROGRAM ELIGIBILITY

The Greater Ravalli Foundation awards are for students who need financial assistance and who demonstrate exceptional desire and commitment to further their education and training. Applicants must maintain a cumulative GPA of 2.0 or greater. Eligible applicants must plan on attending Bitterroot College full-time. Special consideration will be given to veterans of the U.S. Military. Applicants must never have been convicted of a felony.

INSTRUCTIONS

1. Complete the four-page APPLICATION FORM entirely.
2. Submit all ACADEMIC TRANSCRIPTS.
3. Submit a STUDENT AID REPORT (SAR) provided by the U.S. Department of Education (to be considered an applicant for this scholarship, the student must complete and submit the Free Application for Federal Student Aid (FAFSA).
4. VETERANS ONLY – Submit a copy of your DD-214 for service verification.

The entire application package consists of:

- Four-page Application Form
- Academic Transcripts
- Student Aid Report (SAR)
- DD-214 (Veterans only)
- Photograph

SELECTION PROCESS AND PAYMENT

1. All applications will be REVIEWED by a representative of The Greater Ravalli Foundation Scholarship Review Committee to determine compliance with the application guidelines.
2. The Greater Ravalli Foundation Board of Directors will act upon the recommendations of the Scholarship Committee and approve the FINAL AWARDS.
3. All applicants will be NOTIFIED by mail at their permanent address regarding the decision of the Board.
4. Payment of the scholarship funds will be made directly to Bitterroot College via the University of Montana Financial Aid Office. Payment shall be made prior to the beginning of the school year for that year. The scholarship fund may be applied to tuition, fees, books and supplies. Any excess remaining after such application may be applied to living expenses.

NOTE: A scholarship qualifies the recipient to be considered for additional scholarships for an additional year. To qualify for the second year of this two-year scholarship, the recipient must:

- Maintain full-time student status (12 credits per semester)
- Enroll continuously at Bitterroot College
- Maintain a minimum 2.0 cumulative GPA
- Complete the Greater Ravalli Foundation Continuing Scholarship Application
- Have no felony convictions

PLEASE SAVE THIS INSTRUCTION SHEET AFTER SUBMITTING YOUR APPLICATION



BITTERROOT COLLEGE SCHOLARSHIP PROGRAM

EDUCATION

High School/GED

School Name Dates of Attendance

School Name Dates of Attendance

Military schools and certificates

School Name or Certificate Dates of Attendance

School Name or Certificate Dates of Attendance

School Name or Certificate Dates of Attendance

School Name or Certificate Dates of Attendance

Proposed Major _____

Proposed Career _____

Please provide transcripts of your grades and other information to document your scholastic achievements. This can include scores from standardized tests and/or academic recognitions.

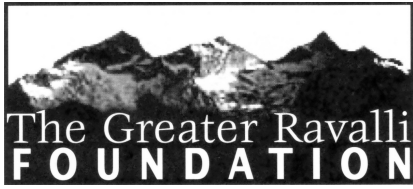
CERTIFICATION – YOU MUST READ AND SIGN BELOW: (Application is not valid or complete without signature.)

I understand the criteria required to be qualified to apply for this scholarship. I certify that all information submitted in the application materials is true and correct. I agree to provide proof of all statements. I authorize The Greater Ravalli Foundation to release non-financial materials in my application file to individuals or groups that may be considering me for financial assistance, and to use my photograph for publicity purposes.

SIGNATURES REQUIRED

Applicant's Signature Print Name Date

Parent/Legal Guardian Signature (if applicable) Print Name Date



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FINANCIAL STATEMENT

For traditional freshman, this section is to be completed by your parents or legal guardian, using estimates if necessary. If your parents are divorced, supply information for the custodial parent and include any financial support from the other parent. If the custodial parent has re-married, you must supply information for the stepparent.

You are strongly encouraged to complete the entire Financial Statement section to be eligible for consideration. If you choose not to include financial information, as a minimum you are still required to complete the asterisked (*) items listed below. ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

APPLICANT (non-traditional)

*Name _____
* Address _____
* City, State, Zip _____
* Phone _____
Marital Status _____
* Employer _____
* Occupation _____
Annual Income _____

APPLICANT (traditional)

*Parent's Names _____
* Parent's Address _____
* City, State, Zip _____
* Parent's Phone _____
Parent's Marital Status _____
* Parent's Employer _____
* Parent's Occupation _____
Parent's Annual Income _____

TOTAL ESTIMATED ANNUAL INCOME \$ _____

Number and ages of dependent children in family _____

* ESTIMATED FAMILY CONTRIBUTION

As determined by the Student Aid Report (SAR) from the Free Application for Federal Student Aid (FASFA) _____
Please use this space for any additional information you wish to share with the committee.

SIGNATURE (S) REQUIRED

Father/Stepfather/Legal Guardian/Applicant Signature

Print Name

Date

Mother/Stepmother/Legal Guardian/Applicant Signature

Print Name

Date