

Scholarship Program Application

YOUR NAME:		
	irst) (Middle Initial)	
YOUR PERMANENT HO	ME ADDRESS:	
(Number & Stree	et, Apt Number)	
(City) (State) (Zi	p)	
SOCIAL SECURITY NUM	IBER:	DATE OF BIRTH:
TELEPHONE NUMBER:		
NAME OF FAMILY MEM	BER(S) EMPLOYED BY TOWN P	PUMP & RELATIONSHIP:
(Name) (Relationship) (Job Title) (Work Location)	
HIGH SCHOOL OR POST	r secondary school you cuf	RRENTLY ATTEND:
MAJOR OR PROGRAM (OF STUDY:	
	ganizations:	
Other Activities:		
EDUCATIONAL BACKG Name and Address of Sc	ROUND (Beginning with High So hool Date of Attendance	chool):
High School GPA	Post Secondary GPA	Semesters Completed
I hereby certify the answ	vers regarding educational backgr	round to be correct.
Signature and Ti Must signed by	tle(Counselor, Registrar or Principschool official	pal) Date
Printed Name		

STATEMENT BY APPLICANT: (Statement to include educational goals, chosen career path, and any other information the applicant considers pertinent. Use an additional sheet of paper if more space is required.)
By signing below you certify that the information provided is true and accurate.
Applicant's Signature
 Date
NAME AND ADDRESS OF <u>MONTANA</u> SCHOOL YOU PLAN TO ATTEND:
Return application and required documentation to:
Town Pump Foundation Attn: Town Pump Scholarship Program, P.O. Box 6000, Butte, MT 59702
Must be postmarked no later than April 30, 2024, NO EXCEPTIONS!!!
Do NOT forget to include a current, OFFICIAL transcript of grades!
Applications that are Incomplete or Late will NOT be reviewed!