



**Montana Agricultural Business Foundation  
SCHOLARSHIP APPLICATION  
Pam Langley Memorial Scholarship  
Deadline: May 15**

***There is no longer a requirement that an applicant be entering their second year – the student must be enrolling in next semester.***

**Eligibility:**

Three \$1000 scholarships will be awarded to students in pursuit of post-secondary education. Scholarships are not limited to in-state schools or to any field of study. The applicant or legal guardian of applicant must be employed a minimum of 800 hours per calendar year or be retired from a career with a business that is currently a member of the Montana Agricultural Business Association and its adjoining states. A student receiving a scholarship may reapply for subsequent years, but will not be awarded a scholarship more than twice.

**Selection:**

The selection committee policy does not advocate, permit nor practice discrimination on the basis of sex, race, age, color, national origin or handicapping condition. The selection committee shall consist of at least three members of the MABF Board of Directors. Committee members should not have potential applicants. The president may select committee members from the general membership if necessary. Winners will be announced and funds awarded before the fall semester.

Personal Information:

Name \_\_\_\_\_

Current Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ # of Dependents \_\_\_\_\_ email: \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent (home) Address \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Parent or Guardian Address \_\_\_\_\_

Parent or Guardian Phone \_\_\_\_\_

Occupation of Parent or Guardian \_\_\_\_\_

MABA Employment Location \_\_\_\_\_

Number of brothers and sisters: older \_\_\_\_\_, younger \_\_\_\_\_ # in college now \_\_\_\_\_

Previous Education:

1. High School \_\_\_\_\_ Town \_\_\_\_\_

High school rank: \_\_\_\_\_ of \_\_\_\_\_ in class. Year graduated \_\_\_\_\_

2. Post Secondary Education (if any):

A. School \_\_\_\_\_ Town \_\_\_\_\_

Years completed \_\_\_\_\_ Degrees earned \_\_\_\_\_ GPA \_\_\_\_\_

B. School \_\_\_\_\_ Town \_\_\_\_\_

Years completed \_\_\_\_\_ Degrees earned \_\_\_\_\_ GPA \_\_\_\_\_

Activities and Achievements:

1. What has been the nature and extent of your participation in activities of: (answer for both your high school and post-secondary years; use additional sheets if needed.)

Your School:

Your Community:

2. List any special recognitions or awards you have received

3. Why do you feel you deserve this scholarship?

4. What work experiences have you had?

5. Write a paragraph or two indicating what your career plans are.

6. In which School and Program do you intend to enroll in seeking this scholarship?

Name of School \_\_\_\_\_

Major: \_\_\_\_\_

Option or Area of Concentration \_\_\_\_\_

7. Are there any other circumstances, financial or otherwise, which you would like the committee to consider as an additional reason to grant aid?

References:

Give the names, positions and addresses of three persons (not relatives) as references. It is preferable that at least one be a person for whom you have worked.

Name and Position:

Address:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Attach two letters of recommendation, your high school and postsecondary transcripts and a photo (the winners photos will be used for publicity). Return to Scholarship Committee, PO Box 7325, Helena, MT 59604 by May 15. **Preferred method: Application materials may also be submitted to: mabamgea@Gmail.com**

I understand that this application is for \$1000 in aid for the next school year. Any breach in enrollment or other unsatisfactory performance in my course of study will result in cessation of aid.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_