

The Robert L. Clark Memorial Scholarship

This scholarship was established in memory of Robert L. Clark. Bob graduated from Forsyth High School in 1947 and returned as a teacher and guidance counselor from 1968 to 1989. In establishing this scholarship, Bob's family and friends wish to recognize his dedication to helping high school students pursue an education after high school.

Award Amount

One \$1,000 scholarship - \$500 will be provided for Fall 2020 and \$500 will be provided for Winter/Spring 2021.

Eligibility

- Be a graduating senior from Forsyth High School
- Have a GPA of 2.5 or higher on a 4.0 scale
- Demonstrate plans to attend a 2-year or a 4-year college, vocational or trade school
- Preference will be given to students pursuing college, vocational or trade school in the State of Montana

Application Procedure and Deadline

Entire application (*including this page completed and signed with required attachments*), must be postmarked no later than April 1, 2020, and mailed to the address below. *Incomplete and/or late applications will not be considered.*

Tricia Cook
315 Lexington Drive
Bozeman, MT 59715

Applicant's Full Name: _____

Applicant's Email Address & Phone Number: _____

Applicant's High School GPA: _____

Parent's Names: _____

Reference's Name: _____

Reference's Email Address & Phone Number: _____

(Reference will preferably be a teacher, counselor or administrator from Forsyth High School)

Please address the following in a type-written attachment to this signed sheet:

1. How long you've attended school in Forsyth
2. What you're most proud of accomplishing during high school
3. What else we should know about you that makes you a good candidate for this scholarship
4. Name and location of the school/college/university you will attend in the Fall of 2020 and intended field of study
5. Why you've chosen the above school/college/university and field of study
6. What your goals are after college graduation

In addition, include a current transcript and resume.

Please sign below to attest to the accuracy of the information provided in this application.

Applicant Signature: _____

Date: _____