

# MFPE SCHOLARSHIP APPLICATION INSTRUCTIONS

## ELIGIBILITY

The Montana Federation of Public Employees Scholarship is awarded to a student who has met all of the requirements in either Category 1 or Category 2 and who has demonstrated academic achievement, financial need, community involvement and/or extracurricular activity.

### **CATEGORY 1 – Public Employee (student)**

1. Active member of MFPE.
2. Currently enrolled or accepted for study during the upcoming academic year at an accredited 2 or 4-year public Montana college or university.
3. Intend to register/have registered for at least half-time undergraduate or graduate study in a higher education program leading to a degree/certificate.
4. Achieved a minimum cumulative grade point average of 3.5 or higher.

### **CATEGORY 2 – Student with Required Sponsor**

1. Sponsor is an active member of MFPE (parent or legal guardian of student).\*
2. Currently enrolled or accepted for study during the upcoming academic year at an accredited 2 or 4-year public Montana college or university.
3. Registered in a higher education program leading to a degree/certificate.
4. Achieved a minimum cumulative grade point average of 3.5 or higher.

\*A dependent child/legal ward must be unmarried and age 25 or younger.

### **APPLICANTS**

All applicants are considered for a one-time-only award. Once an award is received applicants are no longer eligible for future consideration. Applications will be separated into two (2) areas for consideration with one scholarship being awarded from each.

#### **New Student (\$1,500 scholarship)**

This student has not previously enrolled/attended any college. Student must have graduated or is scheduled to graduate in 2021 from a Montana public high school with a minimum GPA of 3.5.

#### **Continuing Student (\$1,500 scholarship)**

Currently enrolled students must have a minimum GPA of 3.5.

### **APPLICATION PACKET REQUIREMENTS (To be completed by the student.)**

1. **Scholarship Application:** Complete the application form in its entirety.
2. **Personal Statement:** Summarize why collective bargaining is important, what MFPE means to you and/or your family, and how this scholarship will affect you personally. Limit statement to 1-2 pages.
3. **Letter of Recommendation:** Submit one letter from an instructor, employer, supervisor, etc.
4. **Current Transcripts:** New student must submit most recent high school transcript. Continuing student must submit the most recent college transcript.

**DEADLINE:** The application and all required documents must be received at MFPE headquarters **by Wednesday, March 15, 2023.** Please mail or submit to:

**MFPE, Attn: Scholarship Committee, 1232 East Sixth Avenue, Helena, MT 59601**

**The Selection Committee has the right to reject any late, unsigned or otherwise incomplete applications. Application materials will not be returned.**

**MFPE SCHOLARSHIP APPLICATION**

For Academic Year 2023-2024, I will be a: \_\_\_ New Student \_\_\_ Continuing Student

Applicant's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Location \_\_\_\_\_

Montana Public College or University you will attend. (*Please include address.*) \_\_\_\_\_

**Sponsor Profile (Complete if you claim eligibility under Category 2.)**

Sponsor's Name \_\_\_\_\_ MFPE Local Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Location \_\_\_\_\_

**Applicant Profile**

Other scholarship/financial aid for which applicant has applied, been awarded and amount	Applied	Awarded	Amount
FAFSA – Pell Grant			
FAFSA – Stafford Loan, Direct Loans			
Scholarships			
Fee Waiver			

**Applicant Work Experience**

Applicant Works Full-time	
Applicant Works Part-time	
Applicant Does Not Work	

**Applicant Community Service and Extra-Curricular Activities (Please list below.)**

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All of the confidential information provided above is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of this information. If I don't provide the information when/if it is requested, I may negate my eligibility for this scholarship.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_