

SAM RATCLIFF CHARITABLE FOUNDATION SCHOLARSHIP

HIGH SCHOOL STUDENT APPLICATION

STUDENT NAME: _____ SSN # or Student ID #: _____

ADDRESS: _____ Phone #: _____

PARENTS NAME: _____ Phone #: _____

Father's Employer: _____

Mother's Employer: _____

If parents are self-employed, give name of business

Financial Need: High _____ Medium _____ Low _____ # of siblings attending college _____

COLLEGE ATTENDING: _____ City: _____ State: _____

Student ID #: _____ E-mail address: _____

Major: _____ Grade Level: _____

Yearly Expenses: _____ (Include room & Board and books)

I acknowledge that I meet the criteria necessary to apply for this scholarship and that all the information I have provided is correct and true.

Student signature: _____

Requirements: 1. Type an essay outlining your accomplishments during your first year of college, include any extracurricular activities that you are involved with.

2. An official transcript must accompany this application

3. Interview may be required

4. List other financial aid you will be receiving.

5. FAFSA Score _____

THIS APPLICATION IS DUE BY FEBRUARY 28, 2020

SEND TO: FIRST INTERSTATE BANK-WEALTH MANAGEMENT

ATTN: Tami Erb

PO Box 3004

Gillette, WY 82717-3004