Scholarship Application

Fall Semester Deadline – August 15th
Spring Semester Deadline – December 15th
General Application and Qualification Information
Montana Association of County Road Supervisors Scholarship

Amount
$1,000 maximum per academic year, $500 per semester

Deadline
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Spring Semester Deadline – December 15th

Description
The scholarship will be awarded to a student with a declared major of either: equipment operations, mechanics, civil engineering or other transportation related studies. Priorities will be given to students who are serious about seeking employment in the transportation industry within the state of Montana and who have a connection to the MACRS organization.

Basic Requirements
Students must be seeking a degree in a Certificate, Associate of Arts, Associate of Science, Associate of Applied Science, or Bachelor of Science program. This scholarship meets the needs of adult learners and those who are continuing or beginning their educational endeavors. The MACRS Scholarship is a one-time awarded scholarship.

Qualifications
• Students must be residents of Montana.
• Students must be degree-seeking and enrolled in at least six credits.
• GPA of 2.5 or better
• If the student does not have a previous grade point average (GPA) to submit, the Scholarship Committee will review GED, COMPASS, ACT, or SAT scores to determine academic eligibility.
• Applicants will be reviewed and awarded up to a $1,000 Scholarship.

Materials to submit when applying for the MACRS Scholarship:
• High school and college (if applicable) transcripts
• One letter of recommendation from a non-relative assessing your abilities, character, motivation, and potential for academic success.
• Submit an essay not exceeding 500 words of how you will benefit from receiving the MACRS Scholarship.
• The completed and signed Scholarship application.

Please submit the completed application packet to:
Montana LTAP
Attn: MACRS Scholarship
PO Box 173910
Bozeman, MT 59717
MACRS Scholarship Application

Submit your scholarship application and all required documents to the Montana LTAP, MACRS Scholarship, PO Box 173910, Bozeman, MT 59717. If you have questions about this scholarship, please call Montana LTAP at 800-541-6671, or 406-994-6100.

First Name ___________________________ Middle Initial ________ Last Name _______________________

Permanent Address ________________________________________________

City ___________________________ State ________ Zip Code ________________

Telephone Number ________________ County of Residence ______________________

E-mail Address _______________________________________________________

Social Security Number __________________________ Date of Birth ___________________

Anticipated Program of Study __________________________ Graduation Date ________________

To the best of my knowledge, all of the information submitted within this application is correct.

X ____________________________ __________________________
Student Signature Date