

MONTANA CORRECTIONAL ASSOCIATION SCHOLARSHIP APPLICATION

DATE:

FULL NAME: Last First Middle

PERMANENT ADDRESS:

PHONE: **E-MAIL:**

NAME OF MCA MEMBER ASSOCIATED WITH:

AMOUNT OF SCHOLARSHIP REQUESTED (up to \$500):

EDUCATIONAL INFORMATION:

CURRENT SCHOOL ATTENDING (Attach transcript):

SCHOOL ANTICIPATED to ATTEND
(Attach letter of acceptance):

What are requested Scholarship funds to be used for (tuition, books, living expenses, licensure, etc.):

DATE NEEDED (Semester/Year)

SCHOLARSHIP COMMITTEE RESULTS:

Approved Denied Provisional (explain):

Reason:

MCA Scholarship Committee Signature

Please submit the application by June 30th to:

Lisa Hunter

MCA Secretary

600 Conley Lake Road

Deer Lodge, MT 59722

Applicants will be notified of the results by mail no later than August 30th.