

KMM

KATHY MILLARD MEMORIAL SCHOLARSHIP

**FOR A STUDENT PURSUING COLLEGE STUDY IN THE AREA OF
CHEMISTRY OR COMPUTER SCIENCE**

The Scholarship Selection Committee of the Kathy Millard Memorial Scholarship will be awarding a \$1,000.00 scholarship to a graduating Senior from the Montrose Area School District. Applicants must be enrolled in a college for the 2006-2007 school year, with a career objective in the area of Chemistry or Computer Science.

In choosing a scholarship recipient, the KMM Scholarship Selection Committee will consider academic achievement, extra curricular activities, demonstrated leadership abilities, and a reference. The reference may be a teacher, employer, or any other adult who knows the student well.

The recipient of the scholarship will be announced at the Awards Night in June. The scholarship will be mailed directly to the recipient after the KMM Scholarship Selection Committee receives proof of college enrollment (tuition payment, room and board payment, etc.).

Thank You

KMM Scholarship Selection Committee



KATHY MILLARD MEMORIAL SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Telephone: _____

What major course of study and college degree do you intend to pursue, and why?

List school(s) to which you have been accepted. **Attach one letter of acceptance.**

List extra curricular activities, achievements, and honors that have been important to you during your High School career.

Please submit this application, one reference form, and a college acceptance letter to The Guidance Office by Friday, May 12th, 2005.

GUIDANCE OFFICE USE ONLY

Rank:

GPA:



KATHY MILLARD MEMORIAL SCHOLARSHIP
REFERENCE FORM

Applicant's Name: _____

Please answer the following questions about the applicant.

All information will be kept confidential.

For how long, and in what capacity have you known the applicant?

Please provide comments regarding the applicant, in the following areas:

INITIATIVE AND WILLINGNESS TO HELP OTHERS: _____

QUALITY OF WORK: _____

LEADERSHIP ABILITY: _____

**OTHER INFORMATION FOR SCHOLARSHIP COMMITTEE
CONSIDERATION:**

Name: _____ Signature: _____ Date: _____

How may we contact you? _____

Thank you for your contribution to our scholarship evaluation process.
