



**FATHER JOHN SLADICH MEMORIAL SCHOLARSHIP  
FOR THE NATIVE AMERICAN**

**AWARDS RANGE FROM \$1,000 TO \$3,000  
RENEWABLE UP TO FOUR YEARS**

The Father John Sladich Memorial Scholarships are awarded to new Carroll Students. These scholarships are applicable toward full time tuition at Carroll College. The scholarship is renewable up to four years as long as the recipient remains in good academic standing.

Preference in selection will be given to an enrolled member of a Montana Native American tribe. If an applicant from Montana is not available, then a Native American from outside the state of Montana will be considered.

**Students must be accepted for admission to be eligible for this award** and the following materials must be received by the Financial Aid Office by March 1, 2007:

- 1) This form with complete essay (required)
- 2) Verification of enrollment with a Native American Tribe (required)

**PERSONAL INFORMATION ABOUT APPLICANT**

Name \_\_\_\_\_ Major \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

**FAMILY BACKGROUND**

Father's full name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's full name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Number of children supported by parents \_\_\_\_\_ Ages of siblings \_\_\_\_\_  
Tribal Affiliation \_\_\_\_\_

\*All of the information contained herein will be kept in the strictest possible confidence.

**LIST YOUR SCHOOL ACTIVITIES ( ORGANIZATIONS, OFFICES, AWARDS, HONORS)**

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**LIST YOUR OUT-OF-SCHOOL ACTIVITIES (CHURCH, JOBS, CLUBS, ETC.)**

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**PERSONAL ESSAY: ON A SEPARATE SHEET OF PAPER TYPE A SHORT BIOGRAPHY, INCLUDING YOUR ACADEMIC AND CAREER GOALS.**

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My signature below indicates that all the information contained in this application is factually correct and honestly presented. I authorize Carroll College to provide the Sladich Scholarship Committee with the information it requests.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO: CARROLL COLLEGE FINANCIAL AID OFFICE  
DIRECTOR OF FINANCIAL AID  
1601 N BENTON AVE  
HELENA MT 59625**

**PH: (800)-992-3648  
(406) 447-5425  
FAX: (406) 447-5187**