

**BOZEMAN HEALTH**  
**GORDON DAVIDSON SCHOLARSHIP APPLICATION**

The **Bozeman Health Foundation Gordon Davidson Scholarship** is intended for students from Montana communities, attending Montana State University (MSU) at the junior or senior level, pursuing a degree in Accounting through the College of Business. While all students from Montana communities are eligible, preference will be given to those from within the Bozeman Health service area; primarily Gallatin, Madison and Park counties, along with other surrounding areas.

Bozeman Health awards the Gordon Davidson scholarship annually to a MSU student who is, or will be of junior or senior status, pursuing a degree in Accounting through the College of Business. One scholarship for \$2,000 is awarded each year. The student applicant must have an overall GPA of 2.5 or higher, and a minimum major GPA of 2.7, based upon a 4.0 scale. Students are eligible to apply for the scholarship annually if they meet the above criteria. Additionally, if students are of junior or senior status obtaining a degree other than Accounting through the College of Business, they are encouraged to apply for the scholarship.

**One Scholarship: The scholarship is for \$2,000 and applicants are encourage to apply multiple years if the student is from a Montana community, pursuing a degree in the College of Business, specifically Accounting, is of junior or senior status, and maintains an overall 2.5 GPA and a minimum major GPA of 2.7.**

**CRITERIA: Applicants who will be considered for these scholarships shall:**

1. Be a full-time student.
2. Be of or going into junior or senior status at the time at which they apply for the scholarship.
3. Be a U.S. citizen/permanent resident of Montana.
4. Be pursuing a degree in the College of Business, specifically Accounting
5. Be pursuing a degree in the College of Business, other than Accounting
6. Maintain an overall 2.5 GPA or higher
7. Maintain a minimum 2.7 major GPA

By February 28, you will need to provide the following documentation with your application:

1. An official college transcript, that includes student status, degree being obtained, overall GPA, and major GPA, if available
2. A copy of your birth certificate.
3. A copy of your driver's license.
4. Submit two current letters of recommendation, from the below options:
  - a. MSU Faculty Member
  - b. MSU Staff Member
  - c. Employer
  - d. Personal

Recipients of the awards will be notified in late March. **Upon verification of enrollment**, a check in the amount of \$2,000.00 will be sent to the Financial Aid office of Montana State University.

RETURN COMPLETED APPLICATION BY FEBRUARY 28 TO:  
BOZEMAN HEALTH  
GORDON DAVIDSON SCHOLARSHIP  
c/o Health Resource Center 915 Highland Blvd.  
Bozeman, MT 59715  
Attention: Scholarship Chairman

**BOZEMAN HEALTH**  
GORDON DAVIDSON SCHOLARSHIP APPLICATION

All information submitted with this application is confidential. Please print or type.

**PERSONAL DATA**

Last Name: \_\_\_\_\_ First Name (Mr. Mrs. Ms. Miss): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

U.S. Citizen: Yes \_\_\_ No \_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

If married, Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**High School Information**

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**College Information**

College Major: \_\_\_\_\_ College Minor (if applicable): \_\_\_\_\_

Overall GPA: \_\_\_\_\_

**SCHOOL ACTIVITIES / AWARDS**

Please list awards, honors, scholarships received, and activities participated in for the last two (2) years. Prior years may be listed on a separate sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other activities and offices held (College, Extracurricular, and Community Clubs)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE (other than volunteer)**

List all work experience in which you have participated for the last three (3) years:

Employer	Job Title or Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PROFILE OF THE APPLICANT (Educational and Career Goals)**

What made you decide to pursue a career in Business? \_\_\_\_\_

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What qualifications and experience do you feel you have that supports the degree you are pursuing?

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What are your future career goals?

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Tell us about your personal and economic situation and how it relates to your interest in applying for this scholarship? \_\_\_\_\_

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**VOLUNTEER ACTIVITIES / SERVICES**

Community-Related Volunteer Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of agency or institution: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Name of agency or institution: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Name of agency or institution: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**CONSENT FOR RELEASE OF INFORMATION**

“I hereby consent to the release of any information in connection with the foregoing that in the sole judgment of Bozeman Health may be of assistance in evaluating my scholarship application. I hereby waive any confidentiality with respect to such information insofar as Bozeman Health is concerned, since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.”

**Signature of applicant:** \_\_\_\_\_

**Date completed:** \_\_\_\_\_

**RETURN COMPLETED APPLICATION BY FEBRUARY 28 TO:**

BOZEMAN HEALTH  
GORDON DAVIDSON SCHOLARSHIP  
c/o Health Resource Center  
915 Highland Blvd.  
Bozeman, MT 59715  
Attention: Scholarship Chairman

Please note: It is the applicant’s sole responsibility to see that the completed application and requested documentation are received by the Bozeman Health Scholarship Committee by February 28.  
Your application will not be considered if information is missing.