

# Les Irish Memorial Scholarship Program

NORTHWESTERN  
SCHOLASTIC  
INSURERS



*1 South Dakota Avenue • Helena MT 59601 • (406) 442-6010 • [www.mhsa.org](http://www.mhsa.org)*

## The Award

The Les Irish Memorial Scholarship is an award of \$500 paid directly to the successful applicants. One male and one female will be awarded the scholarship on an annual basis.

## The Sponsor

Northwestern Scholastic Insurers sponsors this scholarship in memory of Robert "Les" Irish, longtime executive officer of MHSA and steadfast enthusiast of high school activities. The Montana High School Association administers the scholarship program on behalf of Northwestern Scholastic Insurers.

## Eligibility

The applicant must meet the following criteria:

- The applicant must be a college-bound, Montana high school senior at the time of the application.
- The applicant must be attending college for the first time in the fall following high school graduation.
- The applicant must be pursuing a degree in education.
- The applicant must be enrolled in a two- or four-year accredited educational institution.
- The applicant agrees to use any scholarship funds awarded only at an accredited educational institution within twelve months of high school graduation.
- Dependents of present MHSA employees/board members are not eligible.

## Application Process

To apply, complete this application form. Applicants should type or print clearly. Other than specified below, no attachments, resumes, pictures or other material should be submitted.

Check each box after completion:

- The signed application must be submitted together with an official high school transcript documenting students' GPA for a minimum of grades 9 through grade 11 and a typed essay response.
- The applicant and his/her parent or guardian must sign the Certification on the back page of this form.
- The application, transcripts and essay must be returned to the Montana High School Association by May 16<sup>th</sup>. If any portion is incomplete or not included, the application will not be considered.

## Selection Process

Judging will be completed by MHSA staff and will be based on both subjective and objective criteria.

## Application Deadline

Applications must be submitted to the MHSA office no later than May 16, 2011. Contact information is as follows:

Montana High School Association  
1 South Dakota Avenue  
Helena MT 59601  
(406) 442-6010 – phone  
(406) 442-8250 – fax  
[www.mhsa.org](http://www.mhsa.org)

<b>LES IRISH MEMORIAL SCHOLARSHIP PROGRAM</b>
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**Applicant's Personal Data**

Full Name:	
Address:	
City/State/Zip:	
Telephone Number:	
Email Address:	
Date of Graduation:	Name of High School:
GPA at Time of Application:	Name of College You Plan to Attend:

**Extracurricular and Elective Activities**

Please list extracurricular activities or involvement as well as the year(s) of participation. Use this space only. *Examples: athletics, forensics, music, BPA, FFA, science fair participation, academic clubs etc.*

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**Community & Civic Activities**

Please list community/volunteer/charitable activities or involvement as well as the year(s) of participation. Use this space only. *Examples: community service projects, youth counseling, food drives, fundraising etc.*

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**Leadership Positions**

Please list leadership positions held as well as the year(s) of participation. Use this space only. *Examples: class officer, team captain, band/orchestra 1<sup>st</sup> chair etc.*

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**Essay**

Please attach a typed response to the following essay question. Your answer should not exceed 250 words.

***Education is said to be a noble profession. Define the personal and professional characteristics that qualify educators to pursue this noble profession.***

**Certification and Authorization**

I certify that the information presented in this application is true and correct. I further certify that I personally answered all questions and wrote the attached essay. I understand that if for any reason I discontinue my education I will notify the MHSA in writing within fourteen (14) days.

I agree that the MHSA may use my name in their publications and on their website.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if applicant is not yet 18 years old)

\_\_\_\_\_  
Date