



MONTANA TRAPPERS ASSOCIATION

www.montanatrappers.org

MTA Doug Slifka Memorial Scholarship

The Montana Trappers Association offers two (2) \$500 scholarships for any MTA member or member's sibling who intends to further their education at any college or university of their choice. These scholarships are awarded annually and membership in the MTA must be current.

The following criteria is used for selection, however, individuals will be considered if they do not meet all listed qualifications, and selection will not be limited to this criteria.

1. **Applicants should be between the ages of 15 - 25 years of age.**
2. **Scholarship for undergraduates enrolled in any college or university.**
3. **Grades and grade point average can be used, but not the main criteria for selection.**
4. **Student involvement in activities: to include, MTA programs, trapping, school programs, community service.**
5. **Applicants should submit an essay or story on trapping or conservation, with the winner's to be published in the MTA newsletter.**
6. **Recommendations by MTA members, teachers, or other pertinent individuals.**
7. **Planned course of study: i.e. furbearer or wildlife management, natural resources, or other life science major preferred. Other majors will be considered.**
8. **Applicants attitude and intent. To be determined by application responses and committee interview.**
9. **Applicants must be a minor dependent of a member of the MTA or a member of the Association for one (1) year *prior* to applying for these scholarships.**
10. **Applicants should have the endorsement of a MTA District Director where the applicant resides. To include a written recommendation, signed and dated by that MTA District Director.**
11. **In the event the District Director is not available to endorse the applicant, the applicant may contact a sub-director in his or her district, or a member of the MTA Board of Directors for endorsement.**

Applications *must be completed and returned by June 1* of the current year to:

MTA Scholarship Committee
C/O Gary VanHaele
P O Box 264
Hysham, MT 59038

Additional requested information should be included with this application, including a transcript of your grades.



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Application Form

Date: _____ Telephone: _____

Name: _____ Age: _____

(Please print or type)

Address: _____

Father's & Mother's Name: _____

Address: _____

High School: _____

Graduation Date: _____ Grade Point Average: _____

Extra-curricular Activities (list what you like to do, and any achievements you have accomplished):

College, University or school you plan to attend: _____

Major Course of Study: _____ Enrollment Date: _____

List two (2) individuals we may contact for references:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Applicant's Signature: _____