



# Scholarship Application

For students who have been a Shrine kid or had any relative or family member Affiliated with a Shriner or a shrine program.

This scholarship will pay out \$500 and will be paid to FVCC tuition or student store by the Flathead Shrine Club

## Applicant Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Eligibility Confirmation

Are you affiliated with a Shriner or a Shrine Club? Yes / No

If so how: \_\_\_\_\_

Are you a former Shriner Kid or have you received treatment at a Shriner's Hospital for Children? Yes / No

If yes, please indicate the hospital location and the years you received treatment:

Hospital Location: \_\_\_\_\_ Years Treated: \_\_\_\_\_

## Academic Information

Current School: \_\_\_\_\_ Grade Level or College Year: \_\_\_\_\_

GPA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

## Extracurricular Activities and Honors

Please attach a resume and/or list of any school clubs, sports, community service, or leadership positions you have participated in.

## Essay

Please attach a typed essay (500–750 words) addressing the following prompt:

- Describe how your connection with The Shriners or with a Shriner has impacted you and influenced your outlook on and approach to life, and your plans to help others.
- If applicable describe your experience as a Shriner Kid or as a patient at a Shriner's Hospital. How has this experience influenced your outlook on life, your goals, or your desire to help others?
- How will this scholarship help you pursue your educational and career aspirations?

## Letters of Recommendation

Please provide two letters of recommendation from individuals who can speak to your character, academic abilities, and community involvement (e.g., teachers, counselors, coaches, community leaders, or past/current employer).

## Certification and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in the forfeiture of the scholarship.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## Submission Instructions

Please submit this completed application, your essay, and letters of recommendation by Oct 15th 2026.

Applications can be submitted via email to: [ghenderson6789@gmail.com](mailto:ghenderson6789@gmail.com)

Or mailed to: Flathead Shrine Club, PO Box 762, Kalispell, MT 59903

## Contact Information

For questions or additional information, please contact:

Gale Henderson - 406-752-6789 - [ghenderson6789@gmail.com](mailto:ghenderson6789@gmail.com)