



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

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