The Chase Hawks Memorial Association will award $10,000 in scholarships to the applicants who most successfully meet the criteria set by the CHMA. The minimum scholarship amount will be $1,000. The scholarships will be awarded in the spring of 2025.

The purpose of this scholarship is to assist individuals in pursuing higher education. Applications can be emailed to [info@chasehawks.com](mailto:info@chasehawks.com) **OR** mailed to:

**Chase Hawks Memorial Association Attn: Scholarship Selection Committee PO Box 31333**

**Billings, MT 59107**

**Eligibility:** Applicant must pursue a degree from an accredited institute of higher education or a certification from an accredited trade or vocational institution and enroll at that institution within the next 9 months. The applicant must live in one of the following counties**: Big Horn, Carbon, Fergus, Golden Valley, Musselshell, Park, Petroleum, Rosebud, Stillwater, Sweetgrass, Treasure, Wheatland or Yellowstone** and be a full-time resident of Montana.

Individuals may apply as many times as they wish. After receiving a scholarship, however, applicants will not be considered again.

**Requirements:** Complete the application NEATLY (typed or in ink), signed by the applicant, and return to Chase Hawks Memorial Association. All applications must be postmarked on or before March 31st, 2025, to be considered. In addition to a completed application, please provide the following:

* Essay-Not to exceed 1,000 words
* Other scholarships earned, amounts and if they are annual or one-time payment
* **Two** letters of reference. Letters of recommendation must have been written within the last six (6) months and should contain the name of the applicant, the writer’s relationship with the applicant, and the writer’s contact information. Reference letters should reflect the students’ abilities, accomplishments and any other information deemed important for the committee to know about the applicant. A parent or close relative cannot be considered a reference. One letter may come from staff at applicants’ school but the other must come from someone outside the school. Letters **MUST** be included with the application, not sent separately.
* Official grade transcript

**Selection:** A scholarship selection committee will review all applications and will choose one award recipient for each scholarship based on the quality and sincerity of the applicant’s statement, academic achievements, financial need, character, and endeavor. Preference will be given (but not required) to those students attending a Montana institution of higher learning. Additional information not requested including but not limited to letters of reference, SAT scores, resumes, lists of achievements, etc ***will not*** be reviewed or considered. The award recipients will be notified by May 1, 2025.

For any questions, please contact CHMA at 406-248-9295 or [info@chasehawks.com](mailto:info@chasehawks.com)

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Chase Hawks Memorial Association

FRANK CHESAREK MEMORIAL SCHOLARSHIP PROGRAM 2025 APPLICATION FORM

Deadline: This application form and all other required documentation must be postmarked by **March 31st, 2025**   
Mail to: Chase Hawks Memorial Association, PO Box 31333, Billings, MT 59107

Questions? Call (406) 248-9295 or e-mail: [info@chasehawks.com.](mailto:info@chasehawks.com) Website: [www.chasehawks.com.](http://www.chasehawks.com/)

# [All fields are required](http://www.chasehawks.com/) to be completed. Emailed applications must be PDF or Word docs. JPEG files and photographs of any portion of the application will not be accepted.

**Eligibility:** Students must meet these criteria to be eligible. **Please initial.**

1. I live within 150 miles of Billings, Montana.
2. I will be attending a college or trade school within the next 9 months.

# Name:

* 1. First name-- Middle name(s) -- Last name:
  2. If it is different from your formal name, what do you prefer to be called?

1. **Home address:** The CHMA Scholarship Program is restricted to full-time residents that live within 150 miles of Billings, Montana.

Address:

City: State: ZIP:

1. **Primary telephone:** ( )

# Secondary telephone: ( ) Extension:

1. **E-mail**:
2. **Date of Birth** (MM/DD/YYYY): / /

# What school do you currently attend?

Name:

What is your current GPA?

Chase Hawks Memorial Association Scholarship Program 2025

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1. **What college/trade school will you attend in 2025-2026?** (If undecided at present, send the school’s name, city, and state to us before August 1, 2025.)

Name: Address: City: State: ZIP:

# Classification in fall semester 2025:

(freshman, sophomore, junior, senior)

1. **What degree(s) or certification(s) are you pursuing?**
2. **What profession or field of employment do you wish to enter with your degree or certification?**
3. **Anticipated year of college graduation/certification completion:**
4. **Estimated cost for enrolling at above institution for the 24-25 academic year.** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **The Essay:**

What does the scholarship committee need to know about you in 1,000 words or less? The committee members will be especially interested in the following points:

* Most notable qualities
* Volunteer/Community Service/Extra-curricular activities.
* Why are you pursuing this field of study/career? Why did you choose this school?
* What would financial aid from Chase Hawks Memorial Association mean to you?

Attach your essay to this form. The essay is limited to 1,000 words or less. Recommendation: Carefully proof your essay and know that well-composed essays are admired.

# Available Funds

Scholarships awarded to-date *\*\*attach an additional sheet if necessary. Circle payment type of each scholarship.*

$\_\_\_\_\_\_\_\_\_\_\_\_\_from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual or One Time Payment

$ from Annual or One Time Payment

$ from Annual or One Time Payment

$ from Annual or One Time Payment

# Certification Statement:

By signing my name below, I confirm that all the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: Date:

Chase Hawks Memorial Association Scholarship Program 2025

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**CHECK LIST  
\*For applicants use only, do not return pages 1 or 4 with application.**

To ensure your application is complete and will be considered for a scholarship it needs to include:

\_\_\_ **SIGNED** & completed application typed or written in blue or black ink  
 (applications not signed will not be considered)

\_\_\_ Essay

\_\_\_ **TWO** letters of reference-DO NOT send separately, letters must be   
 included with the application.

\_\_\_ Official transcript

\_\_\_ Application must be postmarked **March 31st**

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