



## 2021-2022 Dr. Robert Swartout Endowed Scholarship

The Dr. Robert Swartout Endowed Scholarship was developed in 2017. This scholarship honors the legacy of Dr. Swartout, a beloved history professor who inspired students for 36 years. His example, dedication, and tireless commitment to his students encouraged everyone around him to pursue excellence regardless of their field of endeavor. **Maximum Award will be \$5,000.** Scholarship is renewable if student maintains a minimum 3.00 cumulative GPA and remains a declared major in one of the selected areas in the humanities as noted.

**DUE DATE: May 1, 2021** (received at Carroll College)

### Dr. Robert Swartout Endowed Scholarship Qualifications

Intended for a worthy student who exemplifies the quality, character and academic promise of a student at Carroll College and who meets the following eligibility requirements:

- Incoming or currently enrolled student
- Full-time student
- Montana resident
  - If no student from Montana fits the requirements, students from out of state will be considered
- Application due by May 1, 2021
- If incoming new student, accepted for admission by May 1, 2021
- Officially declared major in one of the regularly recognized Humanities, with **first preference that the student has declared a major in History** (History, Catholic Studies, Communication Studies, English, Foreign Languages, Philosophy, Theatre, and Theology)
- Personal statement that focuses on student’s passion for history, or their area of interest within the humanities, as applicable.

### Applicant’s Personal Information

Name \_\_\_\_\_ Student ID (if known) \_\_\_\_\_

Address (legal home permanent/parent address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Local Phone (Cell) \_\_\_\_\_

Preferred Email \_\_\_\_\_

College Major \_\_\_\_\_ Current Cumulative GPA \_\_\_\_\_

### Personal Statement

1. In an essay of 500 words or less explain your passion for history.

MY SIGNATURE BELOW INDICATES THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS FACTUALLY CORRECT AND HONESTLY PRESENTED. I AUTHORIZE CARROLL COLLEGE TO PROVIDE THE SCHOLARSHIP COMMITTEE WITH THE FINANCIAL AND ACADEMIC INFORMATION IT REQUESTS AND I AUTHORIZE CARROLL COLLEGE TO PUBLICIZE MY NAME AS A RECIPIENT SHOULD I BE SELECTED.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL APPLICATION MATERIALS MUST BE RECEIVED BY MAY 1, 2021.**

**RETURN TO:**

**CARROLL COLLEGE FINANCIAL AID OFFICE, DIRECTOR OF FINANCIAL AID**

**1601 N BENTON AVE**

**PH: (406) 447-5425**

**(800) 992-3648**

**HELENA MT 59625-0002**

**FAX: (406) 447-5187**

**FAC21RSS**