Montana YMCA Youth & Government
Qwest Scholarship Application - Individual

POSTMARK: February 15

This application is being submitted for consideration of a scholarship toward a portion of the expenses in the Montana YMCA Youth & Government. Awards will be made by the Scholarship Committee of the Board of Directors. Scholarship Award Notifications will be mailed on or before March 1. All areas of this form must be completed by the delegate.

First Name: _____ Last Name: _____

Address: _____ Phone: _____

Date of Birth: _____ Grade: _____ Delegation: _____ Advisor _____

Amount requested (Max $75): _____

FAMILY INFORMATION:

Number of brothers and sisters and ages: _____

Father's Occupation _____ Mother's Occupation _____

Special family circumstances affecting your financial ability to participate in the program (check all that apply):

__ Serious Illness or Disability __ Unemployment __ Public Assistance

__ Single Parent household __ Other _____

APPLICANT INFORMATION:

Are you currently employed? ___ Yes ___ No ___ Summer worker ___ After school worker

If you are employed: Employer_____ Type of job _____ Hours per week _____

SCHOOL INFORMATION:

School activities (clubs, sports) you are involved in: _____

Hobbies _____

Other activities _____

DELEGATION INFORMATION:

What fundraising have you done/plan to do with your delegation? _____

STATEMENT OF NEED:

Qwest scholarships will be limited to those who have a real need for assistance. Please attach a 100-200 word statement of need to this application. In YOUR OWN words, explain why you have a financial need, the fundraising you and your delegation have already done or plan to do, and any other factors you feel would be helpful to the Scholarship Committee.

SIGNATURES:

Applicant's Signature _____ Parent's Signature _____

Advisor's Signature _____ Advisor's Email _____

Additional advisor comments are welcomed. Please enclose any letters of recommendation to this application. Please write the applicant's name on any additional documentation.

Return postmarked no later than February 15 to: Montana YMCA Youth and Government – Susan Quinn – 1900 2nd Avenue South – Great Falls, MT 59405

Last _____ First _____ Delegation _____