

Helping Hands of Alberton ANNUAL MEMORIAL YOUTH  
**Scholarship Application 2024**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
D.O.B. \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

What has been your primary form of Education?

Traditional Public School  
 Private School  
 Home School  
 GED  
 Other (please describe) \_\_\_\_\_

Where do you plan to continue your education?

4 Year College  
 2 Year College  
 Community College  
 Trade School  
 Entrepreneurship  
 Apprenticeship  
 Other (please describe) \_\_\_\_\_

\*On a separate sheet of paper, please let us know more details of your plans and why this scholarship would be of value to you. *(Detailed Letter)*

Anticipated use of funds-Check all that apply.

Tuition  
 Books  
 Food  
 Housing  
 Other (please describe) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*APPLICATIONS ARE DUE NO LATER THAN APRIL 15th.\***

Please mail completed application and detailed letter to:

Helping Hands of Alberton  
PO Box 506  
Alberton, MT 59820



[helpinghandsofalberton.org](http://helpinghandsofalberton.org)