

Helping Hands of Alberton ANNUAL MEMORIAL YOUTH
Scholarship Application 2025

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

