

# Helping Hands of Alberton ANNUAL MEMORIAL YOUTH Scholarship Application 2026

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

