## **Complete Your Dreams Scholarship Application**

Renewal Application

Applicant Information			intermountain Caring Solutions Strong Families Healthy Communities		
Date:			Int		olete Your Dreams Scholarship
Name:					dge Drive   Helena, MT 59601  740   www.intermountain.org
Address:					
City/State:					
Zip/Postal Code:					
E-mail address:			Age:		
Home Phone:			Date of Birth:		
Cell Phone:			Student ID #		
Alumni of which Intermou	ntain Progr	am:			
Residential	Dates:		Providence Ho	ome Dates:	
Day Treatment	Dates:		☐ Adoption	Dates	
Family Based Services (Formerly known as PATH and AFS)	Dates:		Outpatient The	erapy Dates	
School Based Services (CSCT, Day Treatment, SBOT)	Dates:		unsure please description	provide	
Education					

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Date Completed
High School			
College Bus. or Trade School			
Professional School			
Licenses			
Other			

Please include a copy of diploma or GED with application

## **Financial Resources** Have you applied for Financial Aid (FAFSA-Free Application for Federal Student Aid)? Yes Please include a copy of your estimated award with this application (this is the letter your school will send to you or you find it on your school account under the financial aid tab) No Please apply for this and include a copy of your estimated award with this application **Other Scholarship Funds** Have you applied for other Scholarships? Yes No $\square$ if yes, please list below: **Scholarship Name** Scholarship funds (i.e. tuition, lodging, etc.) **Not Awarded Awarded & Amount Purpose of Application** Plan to attend University or College Plan to attend program to learn vocation or licensing trade School or program you plan to attend and have been accepted Name: Address: Attendance plan: Full time Credits Part Time \_\_\_\_\_ Credits Major Field of Study or License Program Program/Degree: Years to complete program: Year in college/year of study that you will be in 2022/2023 school year:

Please include an official copy of the estimated cost of tuition, fees, lodging from the school you plan to attend with your application. See required attachments as end of application.

Freshman/first year

Junior/third year

Senior/fourth year

Graduate

Sophomore/second year

Continue on next page

t any extracurricular activities/sports you	ı were involved with during High Sch		
	5 5	ool:	
t any community service or volunteer act	ivities you were involved with or are	currently involved in:	
the last 4 years of work experience			
Employer	Nature of Work	Dates	
			Hrs
			Hrs/
			Hrs
			Hrs,
			Hrs,
I acknowledge that the information in thi	s application packet is correct to the	best of my knowledge	Hrs,
I acknowledge that the information in thi	s application packet is correct to the	best of my knowledge	Hrs,

Attachment 1:	Photocopy of unofficial transcipts.
Attachment 2:	Photocopy Secondary Education Degree or License/Program Completion Documentation (if applicable).
Attachment 3:	FAFSA-Financial Aid Estimation from your University
Attachment 4:	Acceptance Letter from program or school you plan to attend if changing schools.
Attachment 5:	Thank you letter to Earl and Linda Bates (can be hand written or typed). If handwritten give orginal to Melissa.
Attachment 6:	A brief essay, double spaced, with cover page. Provide any significant updates about this past school year, any updates to your personal story, and how the scholarship has helped to support you this year/how it will continue to support your educational and personal goals. Discuss any challenges or unique circumstance from this past year and/or hardships and/or obstacle you have overcome.

Please send the application and attachments required to: Melissa Wilson

Intermountain Complete Your Dreams Scholarship 3240 Dredge Drive Helena, MT 59601

Or Email at

Melissaw@intermountain.org

\*If sending via email application materials must be submitted in one complete PDF\*