



## Optional Form Dual Enrollment Scholarship Application

Montana University System dual enrollment students may qualify for a scholarship that covers tuition beyond the One-Two-Free program's six credit allowance.

### Am I Eligible?

Please check all applicable boxes:

- |  |  |
|--|--|
| <input type="checkbox"/> Receive free or reduced school lunch      | <input type="checkbox"/> Household participates in TANF                              |
| <input type="checkbox"/> Household participates in SNAP            | <input type="checkbox"/> Household member receives SSI                               |
| <input type="checkbox"/> Household participates in WIC             | <input type="checkbox"/> Household participates in Head Start                        |
| <input type="checkbox"/> Household receives Sec. 8 housing voucher | <input type="checkbox"/> Household member participates in Healthy Montana Kids (HMK) |
| <input type="checkbox"/> Student is a Foster Care youth            | <input type="checkbox"/> Student or family is experiencing homelessness.             |

I acknowledge that I may be required to provide documentation for any of the above.

Please complete and submit this form to your counselor or the Montana Tech Dual Enrollment Program Director. In order to renew your scholarship, you must resubmit this form annually. Forms are due with registration forms..

### Student Information

Student Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Name of High School: \_\_\_\_\_ Graduation date (MM/YY): \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

The form requires a parent or guardian signature. If that is not possible a school official or social worker can sign for you.

**I certify that above information is accurate and can be verified upon request.**

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_