

Glasgow High School Educational Trust Application

Deadline: July 1 and October 15

If you have any questions about eligibility or the application, please call Danielle Anderson at 228 -4203 (home) or 228-8231 (office).

Selection Criteria: The amount of the gift depends on the number of applicants and the amount of funds available, with need being the prime consideration.

Eligibility Requirements Must be a GHS graduate. Must have completed 1 year of schooling beyond high school at an accredited college or university **OR** 6 months at a vocational or associate program. Study abroad will not be eligible for a gift. Must be a full time student. Student must be in good academic standing. Gifts will be limited to 8 semesters. The Glasgow High School Educational Trust will not discriminate against any applicant on the basis of race, creed, color, national origin, age, or sex.

Personal Information:

Name (First, Middle, Maiden, Last) _____

Home Address _____ Phone # _____

College Address _____ Cell Phone # _____

Year of High School Graduation _____ Social Security # or College ID # _____ Date of Birth _____

Father's Name and Address _____

Mother's Name and Address _____

Father's Occupation _____ Mother's Occupation _____

Names and ages of sisters and brothers attending school (including college/vo-tech) _____

Current Class Status Check one: Freshman Sophomore Junior Senior

Marital Status: Single _____ Married _____ Divorced _____ No. of Children _____

Spouse's Name _____ Spouse's occupation: _____

Which college or university or vo-tech do you attend? _____

Do you intend to get your degree there? _____ Anticipated Graduation Date _____

Your degree will be in _____

How many credits are you taking? 1st Semester _____ 2nd Semester _____

Please list any family members who have received this gift: _____

List financial aid address where gift is to be sent, contact name, and phone number, if known. _____

Fee Due Date Fall _____ Spring _____

Please Provide:

1. Three original **signed** written references from non-related superiors (not peers). These letters must be dated within the last 6 months. Photocopies will not be accepted. *(This item is required for 1st time applicants only.)*
2. A current **certified** grade transcript from the Registrar. If we have questions about your grades, we may request a letter from your advisor. Date transcript requested _____ *(All applicants)*
3. On a separate sheet of paper, in good form, in your own words and HANDWRITING, please state: why you desire this gift, your past accomplishments, your present need, your family situation (health/retirement status), your anticipated graduation date, your plans for the future, and why you chose this school. Also, indicate any additional information, which may be helpful in our selection process. Please sign and date the letter that should not exceed 2 pages in length. *(All applicants)*
4. Did you apply for financial aid? *(All applicants.)* Yes _____ No _____ If you answered yes, please include a copy of your financial aid award letter, signed and dated by you, and indicate what aid you have accepted. Date requested _____ If you answered no, please explain why. _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT ALL REFERENCES, TRANSCRIPTS, AND FINANCIAL AID LETTERS, ETC. ARE RECEIVED BY THE DEADLINE.

Applications will not be considered if they are not complete or if directions have not been followed.

THIS SECTION MUST BE COMPLETED ACCURATELY.

Current Financial Information:

Annual (2 semesters or 3 quarters)

1. Cost of Attendance

+	Tuition	\$ _____
+	Books	\$ _____
+	Room and Board	\$ _____
+	Fees	\$ _____
+	Miscellaneous	\$ _____
=	Total cost of attendance	\$ _____

2. Parent Contribution

+	Loan	\$ _____
+	Other	\$ _____
=	Total parent contribution	\$ _____

3. Student Contribution

+	Job	\$ _____
+	Personal Savings	\$ _____
+	Social Security	\$ _____
+	VA/ROTC	\$ _____
+	Loans	\$ _____
+	Scholarships	\$ _____
+	Work Study	\$ _____
+	Grants	\$ _____
+	Gifts	\$ _____
+	Other	\$ _____
=	Total student contribution	\$ _____

4. Unmet Need

	Total cost of attendance	\$ _____
-	Total parent contribution	\$ _____
-	Total student contribution	\$ _____
=	Total unmet need	\$ _____

5. How do you plan to meet any unmet financial need? _____

6. Please list any scholarships (or gifts) you are applying for or have received, and the amounts. _____

7. If you have received this gift before, please list dates and amounts. _____

I certify that all of the statements made in this application form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signature _____ Date _____

E-mail Address _____

Please remit completed application to Danielle Anderson, 23 Parkview Place, Glasgow, MT 59230. If there are any significant changes in the above information, please call Danielle Anderson at (406) 228-4203. This gift is promoted by GHS alumni. **We would like to encourage you and your family to support this fund to help others, as you are being helped. No gift is too small.**

Updated 1-4-2011.

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