

Peter Nelson Trades Scholarship Current Student Application

Two scholarships in the amount of <u>\$854.21</u> will be awarded to current students enrolled full time in a trade program at Helena College, and are meeting Satisfactory Academic Progress requirements. The scholarship will be used to assist with the cost of attending Helena College for the 2025-2026 academic year. <u>Funds will be awarded for the Spring 2026 term.</u>

Eligible Trade Programs:

Automotive Technology Aviation Maintenance Technology Computer Aided Manufacturing Diesel Technology Fire & Rescue Metals Technology Industrial Welding and Metal Fabrication Sheet Metal

<u>Eligibility</u>: Current Helena College students attending during the 2025-2026 academic year may apply. <u>Scholarship funds will be applied to their Spring 2026 educational costs</u>.

<u>Application Process</u>: Along with this <u>application cover sheet</u>, please submit a <u>typed personal essay</u>, and <u>two completed reference forms or letters of recommendation</u>. Please have your instructor and general reference place their reference form or letter of recommendation in <u>sealed envelopes</u> to enclose with your application packet. The <u>essay</u> should include an explanation of your career goals, work experience, work ethic, attendance, grades and out of school activities (i.e., community service). Submit these forms to the Financial Aid Office, at Helena College, 1115 North Roberts Street, Helena, MT 59601. **Deadline:** <u>January 30th, 2026</u>.

PERSONAL INFORMATION (PRINT)

Applicant Name			
Mailing Address			
City	State	Zip	
Program of Study			
Phone			
The scholarship committee/Helena College mor use the award information in public relation name, program and dollar amount awarded this information may be disclosed.	ns documents. The awa	ırd information may inc	lude your
Sianature	Γ)ate	



Peter Nelson Trades Scholarship Reference Form

SECTION I: To Be Completed by the Applicant

Name	
Under the Family Rights and Privacy Act of 1974, students	enrolled at Helena College University of
Montana have access to their educational records, include	ding letters of recommendation. However,
students may waive their right to see letters of recommendation	dation, and therefore, the letters will be held in
confidence. I waive the right to review the reference form	n.
Student Signature	Date
SECTION II: To Be Completed By Evaluator	

The above named individual is applying for a scholarship through Helena College University of Montana. Please rank the applicant in the categories below by placing an X in the appropriate box. Please return the form as soon as possible to the Financial Aid Office. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after the scholarship decision has been made.

	Excellent	Good	Satisfactory	Below Average	Poor	Not Applicable
Ability to Learn						
Integrity						
Leadership Ability						
Perseverance Toward Goals						
Team Member						
Attitude						
Initiative						
Motivation						
Communication Skills						
Organization/Time Management						
Responsibility						
Self-Discipline						

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, etc.).

2.	Please tell us what you believe to be the applicant's particular strengths his/her personal, educational or professional life. If you can, give examp particular accomplishments.	
3.	What is your knowledge of the applicant's educational goals and his/her progress toward achieving these goals?	r
4.	Is there any additional information we should know about this applicant regard to this scholarship award?	in
□ Rec	is your overall recommendation? ommend with Confidence	□ Do
□ Yes	have concerns about this student. Please contact me. No ed contact method: Phone Email	
Evalu	ator's Name	
Orgai	nization/Institution/Department	
Title _		
Addre	ess	
Phone	e Number Email	
Signa	ture of Evaluator Date	



Peter Nelson Trades Scholarship Reference Form

SECTION I: To Be Completed by the Applicant

Name Under the Family Rights and Privacy Act of 1974, stude Montana have access to their educational records, in	cluding letters of recommendation. However,
students may waive their right to see letters of recomme confidence. I waive the right to review the reference f	
Student Signature	Date

SECTION II: To Be Completed By Evaluator

The above named individual is applying for a scholarship through Helena College University of Montana. Please rank the applicant in the categories below by placing an X in the appropriate box. Please return the form as soon as possible to the Financial Aid Office. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after the scholarship decision has been made.

	Excellent	Good	Satisfactory	Below Average	Poor	Not Applicable
Ability to Learn						
Integrity						
Leadership Ability						
Perseverance Toward Goals						
Team Member						
Attitude						
Initiative						
Motivation						
Communication Skills						
Organization/Time Management						
Responsibility						
Self-Discipline						

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, etc.).

I may have concerns about this student. Please contact me. Yes No Preferred contact method: Phone Email Evaluator's Name Organization/Institution/Department Title	of
regard to this scholarship award? What is your overall recommendation? Recommend with Confidence Recommend Recommend with Reservations Not Recommend I may have concerns about this student. Please contact me. Yes No Preferred contact method: Phone Email Evaluator's Name Organization/Institution/Department Title	
□ Recommend with Confidence □ Recommend □ Recommend with Reservations Not Recommend I may have concerns about this student. Please contact me. □ Yes □ No Preferred contact method: □ Phone □ Email Evaluator's Name Organization/Institution/Department Title	
□ Yes □ No Preferred contact method: □ Phone □ Email Evaluator's Name Organization/Institution/Department Title	l Do
Organization/Institution/Department Title	
Title	_
Addross	
Address	
Phone Number Email	_
Signature of Evaluator Date	