DAVID STRONG MEMORIAL SCHOLARSHIP

David Strong was an amazing person whose contributions to education and the community were invaluable during his life. He was an administrator who always had an upbeat attitude and was always working to help students achieve their dream or provide them with a second chance. His love and dedication to career and technical education was apparent every day and he worked tirelessly to promote and improve those offerings to students across the state. He was a difference maker who changed many individual lives while he was with us and his work will continue to change lives long after he is gone.

The recipient of the David Strong scholarship will receive a two year tuition waiver to attend a career and technical education program at Helena College University of Montana. This student must be a graduate of the Access to Success program. The recipient must also possess the qualities necessary to positively affect others throughout their career and life as David Strong did. Please submit all application materials to the Financial Aid Office by April 17, 2016.

SCHOLARSHIP DETAILS:
- Two year tuition waiver at Helena College (4 or 5 consecutive full-time semesters)
- Student will be notified by May 1 and announced at graduation each year.

ELIGIBILITY REQUIREMENTS:
- Student must be a graduate of the Access to Success Program during the current academic year (Summer, Fall, or Spring)
- Student must be enrolled at least half time in a program at Helena College
- Student must achieve a 2.5 GPA, or better, each semester of their college coursework to continue receiving scholarship.
- Student will be selected based on need, academic performance (Access to Success), and personal statement of career goals.
- Student must complete their 2016-2017 FAFSA by March 27, 2016.

APPLICATION REQUIREMENTS:
- Completed application form
- Official Access to Success transcripts
- Statement of need and career goals
- Two letters of reference (one academic)
DAVID STRONG MEMORIAL SCHOLARSHIP APPLICATION FORM

Applicant Name__________________________________________________________

Permanent Address________________________________________________________

_______________________________________ ____________________

Telephone Number _________________Alternate Telephone Number_______________

Date of Birth_______________ Program of Study___________________________

Names of two (2) individuals who will write recommendations to accompany this application.

Name___________________________Address_________________________________

Name___________________________Address_________________________________

Please attach these recommendations to this form in a sealed envelope.

Are you a graduate from the Access to Success Program? _____Yes _____No

If Yes, When? (MM/ YYYY) ____________________

SUBMIT: completed applications to the Financial Aid Office at Helena College by APRIL 17, 2016. If you have any questions or need further assistance please contact the Helena College Financial Aid Office at 406-447-6915.

APPLICATION CHECKLIST

☐ Completed application form
☐ Official Access to Success transcripts
☐ Statement of need and career goals
☐ Two letters of reference (one academic)
☐ Completed 2016-2017 FAFSA (do not include in application submission)