

APPLICATION FORM

**WILLING WORKERS LADIES AID, INC.
GALLATIN GATEWAY STUDENT
SCHOLARSHIP PROGRAM
P.O. Box 329, Gallatin Gateway, MT 59730**

FOR WWLA USE ONLY

- Student Letter**
- Current High School Transcript**
- Letter of Recommendation**
- Acceptance Letter Higher Education Institution**
- Current College Transcript**
- GED Certificate**

NAME: _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

PHONE NUMBER: _____

DATE OF BIRTH: ___/___/___ **SSN:** _____

DATE ELEMENTARY EDUCATION COMPLETED: ___/___/___

LOCATION: _____ **GALLATIN GATEWAY SCHOOL** _____ **OTHER; PLEASE SPECIFY**

HIGH SCHOOL ATTENDED: _____

COLLEGE/TRADE SCHOOLS PLANNING TO ATTEND: _____

In the event that I am awarded the Gallatin Gateway Student Scholarship, I,
_____, **give Willing Workers Ladies Aid, Inc.**
permission to publish my name as a recipient of the scholarship, in connection with
advertising the Willing Workers Ladies Aid, Inc. Gallatin Gateway Student
Scholarship Program.

Signed: _____ **Date:** ___/___/___

Please return completed application and other required materials to WWLA, Inc. by May 1st