

**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:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **EMAIL (optional):** \_\_\_\_\_

**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return the completed application and other required materials to WWLA, Inc. by April 15.