

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**
- HiSET Certificate**

NAME: _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

PHONE NUMBER: ____-____-____ **EMAIL (optional):** _____

DATE OF BIRTH: ____/____/____ **SSN:** ____-____-____

DATE ELEMENTARY EDUCATION COMPLETED: ____/____/____

LOCATION - ELEMENTARY EDUCATION:

Gallatin Gateway School

Other elementary education in the Gallatin Gateway area; Please specify below:

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 promoting 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 May 1.