



Dual Enrollment Student Application for Hardship Scholarship

Eligibility for the Hardship Scholarship is determined by:

1. Verification of financial need provided by:
 - a. the student's high school who will verify participation in an eligible program
 - OR
 - b. the student/family who will verify participation in one of the listed programs and provide documentation

AND

2. Completion of this form, including all signatures and dates.

*Students under 18 years require a parent/guardian signature. Students 18 years or older or emancipated minors do not require a parent/guardian signature.

Students must reapply each academic year for this scholarship.

STUDENT INFORMATION

Student Name: _____
First Middle Last

Helena College Student ID#: _____ Date of Birth: _____ High School Home School

SCHOLARSHIP ELIGIBILITY VERIFICATION

Please indicate which verification method you choose and complete the appropriate section.

VERIFICATION METHOD 1 (by the High School)

Student elects to have the high school verify eligibility for free and reduced lunch **and/or** as a McKinney/Vento participant and therefore eligible for the scholarship.

By signing below, I grant my permission for a designated school district official to provide information to the college about eligibility.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name of High School Official: _____ Title: _____ *By*

*signing below, I indicate that this student is eligible for the free and reduced lunch program **and/or** is a McKinney Vento participant and therefore eligible for this scholarship.*

High School Official Signature: _____ Date: _____

VERIFICATION METHOD 2 (by the student)

Student elects to provide documentation directly to the college that indicates the student's primary household is participating in one of the programs listed below.

Please circle any/all statements that apply **AND** provide documentation with this form.

I receive free or reduced school lunch

A household member receives SSI

My household participates in SNAP/WIC

My household participates in Head Start

I am a McKinney-Vento participant

A household member participates in Medicaid and/or

My household receives a Section 8 housing voucher

Healthy Montana kids

My household participates in TANF

SIGNATURES REQUIRED

By signing below (and including documentation of program participation), I indicate that I am eligible for this scholarship.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____