

Alumni Educational Support Fund

Application

Please complete and submit to:

Watson Children's Shelter 4978 Buckhouse Lane Missoula, MT 59804

or email info@shelter4children.com

Dear Applicant:

Congratulations on your desire to pursue higher education! We hope we can be of assistance on your educational journey.

The Watson Children's Shelter Alumni Educational Support Fund was established in 2011, thanks to a generous and thoughtful initial contribution from the Barksdale Family Foundation, restricted for this purpose. Since its inception, others have also generously donated to the Fund, with a goal to grow the fund and help more students. The Fund seeks to assist individuals who have previously resided at Watson Children's Shelter who have higher education goals and financial needs. Most young people who have resided at Watson Children's Shelter are eligible for funding through the Education and Training Voucher program, sponsored by the Montana Foster Care Independence Program, the Department of Public Health and Human Services and the Student Assistance Foundation. If you have not done so, contact Montana DPHHS for more information.

We realize that there are often incidental expenses that create barriers to success. This fund was created with this in mind.

Do I qualify?

In order to qualify for this fund, students must meet the following criteria:

- 1) Have resided at Watson Children's Shelter for a minimum of 24 hours during their childhood;
- 2) Age 16 years or older;
- 3) Completed a GED or graduated from high school;
- 4) In need of funds to assist with trade school, college or other specialized training program needs.

What does WCS need from me?

In order to process your application, the following is required:

- 1) Copy or verification of high school diploma or G.E.D.
- 2) Copy of acceptance letter from the school or program you plan to attend
- 3) A completed application

How much can I request? Request what you need, within a range of \$25 to \$500.

How often can I request funds? Once per semester

Please feel free to call (406) 549-0058 or email <u>info@shelter4children.com</u> for assistance, clarification, or questions regarding the Fund or application process.

On behalf of everyone at Watson Children's Shelter, we wish you the very best!

Mark Roberts Executive Director

Watson Children's Shelter Educational Support Fund

Application Check List

Applicant name:_____

All of the following boxes must be checked to be eligible for funding.

- □ I am age 16 or older. Date of birth _____
- □ I resided at Watson Children's Shelter for 24 hours or more. Approximate year(s) when in residence_____
- □ I have graduated from high school or have obtained my G.E.D.
- $\hfill\square$ I have been accepted into an educational or training program
- □ My current scholarships or funds to do not meet all of my financial needs

<u>NEW APPLICANTS</u>: The following items must be submitted if you are a NEW applicant. Returning students may already have these items on file.

- □ Copy of GED or high school diploma or signed release form to request verification (request this form from your high school).
- □ **Copy of acceptance letter to educational program** (required if returning student is entering a new program)

Watson Children's Shelter Educational Support Fund APPLICATION

Name				
Last		First	Μ	
Permanent Address	Street	City		
	Street	City	State	Zip
E-mail		Date of Birth		
Phone				
Name/City/State of High Scho	ol			
Graduation/GED Date				
Name/Address of College or P	rogram			
College Major				
Expected Graduation Date				
Expected Degree AA	_BABS	_MACertifi	icateOther	
Year in College"Freshma	an Sophor	nore Junio	rSenior	
Master_	Doctoral What	at Year? 1 2 3	4 5 (circle one)	
Are you a:Continuing S	Student	New Student		
Amount of Request: (range \$25	- \$500) \$			
Why funds are needed				
·				
low funds will support educati	onal goals			
Check will be issued to the scho	ool/business/pro	gram. Please pro	ovide name, address	and amount below:
				\$

Statement of Education Purpose: I declare that I will use any funds I receive under the WCS Educational Support Fund to assist with needs that support my educational goals. I certify that the above information on this form is true and correct to the best of my knowledge.

_date_____