

2009 AmeriCorps Youth Scholarship



Recognizing High School Seniors Who Are Serving Their Communities

Scholarship application can be obtained at:

<http://www.mt.gov/mcsn/grantsawards/AmeriCorpsYouthScholarship.asp>

- ☐ Application must be submitted to **High School Counselor, Principal or County Superintendent** for selection to represent your school.
- ☐ Applications must be submitted to the Office of Community Service by **5:00 pm , April 24, 2009.**
- ☐ Applicants must plan on attending one of **Montana's** public, tribal, private, community or technical colleges.

Following your school's selection; mail or fax selected application to:

Montana Commission on Community Service

Office of the Governor

Kathy Bean

P.O. Box 200801

Helena, MT 59620

Fax: 406-444-4418

Phone: 406-444-5547

AmeriCorps Youth Scholarship

2009 AmeriCorps Youth Scholarship Form.

Forms with missing or illegible information are ineligible and will not be processed.
Deadline: April 24, 2009, 5:00pm. Forms will not be processed after this date.

STUDENT INFORMATION

Please be sure this section is complete and legible. We will use the information listed in this section for mailing notification materials and for any additional contacts with the students. If information is missing or illegible, the form will not be processed.

First Name: _____ M.I. _____ Last Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Student's Email: _____

Male Female Home Schooled
 Senior (must be of senior status)

Home Phone () _____

Birth date: ____/____/____ Social Security Number: _____ - _____ - _____
(REQUIRED)

HIGH SCHOOL INFORMATION

Please provide the name of your counselor or principal at the school. Please provide an e-mail address. Forms submitted on line will receive confirmation of receipt of certification forms.

Full Name of High School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ School Phone # _____

Summer Email Address: _____ Summer Phone # _____

The primary purpose of this information collection is to determine eligibility and award the scholarships. Providing this information is voluntary. All information contained in the application is available to the Montana Commission on Community Service and organizations contacted to provide technical and administrative support.

Publicity Release (Optional)

If I am selected to receive a Governor's Community Service Scholarship, the Montana Commission on Community Service may use my name and the name of my school for purposes of news, publicity, and publications.

Student Signature: _____

Parent/Guardian Signature: _____

Student Service Information

Approximate number of hours served in the past 12 months: _____

(The past 12 months is defined as the period 12 months prior to the date this form is completed.)

Please classify the service performed.

Name of organization or agency where you worked: _____

Contact Name at organization or agency: _____

Phone # and Mailing address: _____

Name of organization or agency where you worked: _____

Contact Name at organization or agency: _____

Phone # and Mailing address: _____

Name of organization or agency where you worked: _____

Contact Name at organization or agency: _____

Phone # and Mailing address: _____

Other:

Certification

The school principal or head of school must complete this section. No other staff member or any other person may sign on behalf, or in place of, the principal or county superintendent.

[Jobs for Montana Graduates Foundation service hours can not be used for this application's service hours.](#)

I verify that (student's name) _____ has completed at least 100 hours of service to the community, meets the eligibility requirements of the program, and displays outstanding leadership in service. I certify that the information on this form is accurate and that the process by which the student was selected did not discriminate on the basis of race, color, national origin, disability, sex, age, political affiliation or religion.

Principal's or County Superintendent's Signature:

Principal's or County Superintendent's Full Name: (Print)

Date of your school's awards or graduation ceremony ____/____/09
(To ensure certificate is mailed in time for award ceremony)

The final postmark for submitting application forms is **April 24, 2009, 5:00 pm.**

Check list to ensure a complete and valid application.

- Your school submits this application by deadline of April 24, 2009.
- Confirm all fax applications. (You may do this by email)
- Contact information is typed or easily readable.
- Proof of enrollment to a Montana Post Secondary School must be submitted by July 31, 2009.
- Seniors only may apply for scholarship.
- Scholarship monies must be used for the 2009 school year.