



## **LIFE HOUSES, INC SCHOLARSHIP PROGRAM**

Life Houses annual sponsored scholarship will be awarded to individuals who best meet the requirements set forth by the Life Houses Scholarship Committee.

The Scholarship Committee will review all submitted applications. The Scholarship Committee may request more information and may choose to interview applicants.

### **Guidelines for Life Houses Scholarship Program**

- Scholarships are open to young adults (ages 18-29 years) enrolled or planning to enroll at any college, university, or training program.
- Scholarships up to \$1,200.00 may be awarded.
- As a general rule, funds awarded will be paid to the educational institution to cover tuition and book costs.
- Other costs may be covered if requested.
- You do not have to be currently enrolled or accepted in a program to apply; however, proof of enrollment is required prior to funds being paid.

### **Instructions**

1. All questions must be answered. Incomplete applications will be disqualified. Please use N/A to indicate unable to answer. Leave no blanks.
2. If currently enrolled, please attach proof of enrollment and program, such as a schedule, acceptance letter, etc.
3. Return application and proof of enrollment (if available) via email to [lifehousesinc@gmail.com](mailto:lifehousesinc@gmail.com) or to a Life Houses' sponsor or leader.
4. Call 406-459-5250 or email [lifehousesinc@gmail.com](mailto:lifehousesinc@gmail.com) if you have any questions.

# Scholarship Application



Applicants Name: \_\_\_\_\_

1. Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip Code

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Education Background:

School	City/State	Dates	Graduated? Y/N

3. Employment:

Employer	City/State	Dates	Position

4. Describe any community activities you are/have been involved in:

Organization	Activity(s)	Dates



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5. Academic Pursuit:

Institution/Organization: \_\_\_\_\_

Contact information for institution's financial aid/scholarship office: \_\_\_\_\_

City/State: \_\_\_\_\_

Program/Skill/Certification: \_\_\_\_\_

6. Cost:

Please let us know the estimated costs of things you are requesting a scholarship for:

	Cost Fall Semester	Cost Spring Semester
Tuition & Fees		
Books		
Tools or Supplies		
Living Expenses		
Other		
Total Cost		

What amount of scholarship aid are you asking for? \_\_\_\_\_

What other financial resources are you using to pay for your education?

\_\_\_\_\_  
\_\_\_\_\_

7. Are you currently in the academic, trade school, or internship program for which you are seeking funding? Yes No

If yes, when did you begin (month/year)? \_\_\_\_\_

If yes, how many more semesters do you have until you graduate? \_\_\_\_\_

If yes, when do you plan to finish the program? \_\_\_\_\_

If yes, describe how it is going: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Scholarship Application



If no, are you currently applying to the program? Yes No

If yes, when do you plan to start (ex. Spring semester 2021)? \_\_\_\_\_

If no, where are you in the application process? \_\_\_\_\_

8. What would receiving this scholarship mean for your academic and professional future?

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9. What are your long-term goals? \_\_\_\_\_

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Application Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_