



## Peter Nelson Trades Scholarship Current Student Application

One scholarship in the amount of **\$791.62** will be awarded to current students enrolled full time in a trade program at Helena College, and are meeting Satisfactory Academic Progress requirements. The scholarship will be used to assist with the cost of attending Helena College for the 2024-2025 academic year. **Funds will be awarded for the fall 2024 term.**

### **Eligible Trade Programs:**

Automotive Technology

Fire & Rescue

Aviation Maintenance Technology

Metals Technology

Computer Aided Manufacturing

Industrial Welding and Metal Fabrication

Diesel Technology

Sheet Metal

**Eligibility:** Current Helena College students attending during the 2024-2025 academic year may apply. Scholarship funds will be applied to their Fall 2024 educational costs.

**Application Process:** Along with this **application cover sheet**, please submit a **typed personal essay**, and **two completed reference forms or letters of recommendation**. Please have your instructor and general reference place their reference form or letter of recommendation in sealed envelopes to enclose with your application packet. The essay should include an explanation of your career goals, work experience, work ethic, attendance, grades and out of school activities (i.e., community service). Submit these forms to the Financial Aid Office, at Helena College, 1115 North Roberts Street, Helena, MT 59601. **Deadline: September 27<sup>th</sup>, 2024.**

### **PERSONAL INFORMATION (PRINT)**

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Program of Study \_\_\_\_\_

Phone \_\_\_\_\_

The scholarship committee/Helena College may submit a notice of the award to the local newspaper or use the award information in public relations documents. The award information may include your name, program and dollar amount awarded. By signing this form, you acknowledge and agree that this information may be disclosed.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Peter Nelson Trades  
Scholarship Reference Form

**SECTION I: To Be Completed by the Applicant**

**Name** \_\_\_\_\_

Under the Family Rights and Privacy Act of 1974, students enrolled at Helena College University of Montana have access to their educational records, including letters of recommendation. However, students may waive their right to see letters of recommendation, and therefore, the letters will be held in confidence. I waive the right to review the reference form.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SECTION II: To Be Completed By Evaluator**

The above named individual is applying for a scholarship through Helena College University of Montana. Please rank the applicant in the categories below by placing an X in the appropriate box. Please return the form as soon as possible to the Financial Aid Office. If an applicant has not signed the waiver above, he or she may request to see the letters of recommendation after the scholarship decision has been made.

	Excellent	Good	Satisfactory	Below Average	Poor	Not Applicable
Ability to Learn						
Integrity						
Leadership Ability						
Perseverance Toward Goals						
Team Member						
Attitude						
Initiative						
Motivation						
Communication Skills						
Organization/Time Management						
Responsibility						
Self-Discipline						

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, etc.).

2. Please tell us what you believe to be the applicant's particular strengths in his/her personal, educational or professional life. If you can, give examples of particular accomplishments.
  
3. What is your knowledge of the applicant's educational goals and his/her progress toward achieving these goals?
  
4. Is there any additional information we should know about this applicant in regard to this scholarship award?

**What is your overall recommendation?**

Recommend with Confidence     Recommend     Recommend with Reservations     Do Not Recommend

**I may have concerns about this student. Please contact me.**

Yes     No  
Preferred contact method:     Phone     Email

**Evaluator's Name** \_\_\_\_\_

**Organization/Institution/Department** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature of Evaluator** \_\_\_\_\_ **Date** \_\_\_\_\_



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Preferred contact method:     Phone     Email

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**Organization/Institution/Department** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Signature of Evaluator** \_\_\_\_\_ **Date** \_\_\_\_\_