Peter Nelson Trades Scholarship
Current Student Application

five scholarships in the amount of **$1,000.00** 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 2026-2027 academic year. **Funds will be awarded for the fall 2026 term.**

Eligible Trade Programs:

Automotive Technology
Aviation Maintenance Technology
Computer Aided Manufacturing
Diesel Technology
Fire & Rescue
Metals Technology
Industrial Welding and Metal Fabrication
Sheet Metal

Eligibility: Current Helena College students attending during the 2025-2026 academic year may apply. Scholarship funds will be applied to their Fall 2026 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: Nov. 30th, 2026.**

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 _____

HELENA COLLEGE
UNIVERSITY OF MONTANA

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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