

# MT Youth Transition (Virtual) Conference

November 16-18, 2020

## GENERAL SCHOLARSHIP APPLICATION

**WHAT:** Scholarship for Montanans to attend the MYT Virtual Conference, Nov. 16-18, 2020

**FOR:** ~ Educators and service provider staff who work with youth with disabilities

~ Parents and Family Members of youth with disabilities

~ Youth with disabilities

**WHEN:** All applications must be received *on or before October 30, 2020*.

All applications will be considered on a **first-come, first-serve** basis and as funds are available. Applicants will be notified as applications are received and processed, but no later than Oct. 30, 2020.

**DETAILS:** Scholarships will consist of a registration fee waiver. You will be notified by email that your application was received and if you have been approved. **For schools and families who are applying for more than one scholarship:** please combine your information on one form, with a listed primary contact, for the ease of MYT staff to accurately process the information.

**Pre-ETS eligible students** will be asked for additional information (schools may attach Pre-ETS forms with this application, if available).

**Please complete and email or mail the following page to:**

**Email to:** [montanayouthtransitions@gmail.com](mailto:montanayouthtransitions@gmail.com)

**Mail to:** Montana Youth Transitions  
1617 Euclid Ave, Suite #1  
Helena, MT 59601

**Any questions?** Feel free to email (listed above) or call: 406-442-2576

# 2020 General Scholarship Application

Name (also primary group contact):

Mailing Address:

City, State, Zip:

Phone:

Email:

Please "X" one of the following categories:

in school youth       out of school youth       parent/guardian       Presenter  
 educator       related service personnel (OT, SLP, para, etc.) \_\_\_\_\_  
 service provider (please specify agency/position) \_\_\_\_\_  
 other (please specify) \_\_\_\_\_

Are you applying for any other scholarships to attend this conference? Please identify (i.e. CSPD, etc.)

Please identify any additional people requested to be covered under this scholarship application:

1. Name:	Category:
2. Name:	Category:
3. Name:	Category:
4. Name:	Category:
5. Name:	Category:
6. Name:	Category:
7. Name:	Category:
8. Name:	Category:

For Office Use Only:

Date Received: \_\_\_\_\_ Affiliation: \_\_\_\_\_ Scholarship Fund: \_\_\_\_\_

Other: \_\_\_\_\_