

# MT Youth Transition Conference

November 15-17, 2021

## SCHOLARSHIP APPLICATION

**WHAT:** Scholarship for Montanans to attend the virtual or in-person MYT Conference

Missoula Hilton Garden Inn or Virtual Conference-- Nov. 15-17, 2021

**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, 2021*.

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

# 2021 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 services (please specify) \_\_\_\_\_  
 other (please specify) \_\_\_\_\_

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

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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:

**For in-school youth, please provide the following information:**

Name and location of school:

School contact (sped teacher, case manager, etc.):

Name of Vocational Rehabilitation Counselor (if applicable):

Pre-ETS eligible students and families may qualify for additional scholarship assistance for mileage and lodging (depending on funding and need). Please describe travel details, shared contributions, and travel arrangements below if you are requesting additional support. These funds are first-come, first-serve and there is no guarantee of availability.

**For Office Use Only:**

Date Received: _____ Affiliation: _____ Scholarship Fund: _____
Other: _____