



Montana Youth Transitions

2024 Conference

November 6<sup>th</sup>-8<sup>th</sup> – Heritage Inn, Great Falls

## GENERAL SCHOLARSHIP APPLICATION

**WHAT:** Scholarships for Montanans to attend the Montana Youth Transitions Conference, held at the Heritage Inn in Great Falls, MT on November 6-8, 2024.

**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 18, 2024*

SCHOLARSHIPS ARE LIMITED! All applications will be considered on a **first-come, first-serve** basis as funds are available. Applicants will be notified as applications are received and processed, but no later than Oct. 25, 2024.

**DETAILS:** Scholarships **MAY** consist of registration fee waivers for anyone. Scholarships may also include hotel costs and mileage stipends for applicants who reside over 50 miles from Great Falls.

**Note:** Agencies or schools with more than one applicant will be asked to carpool or share the mileage stipend. Families will be asked to share lodging. Please disclose on application if you or your agency will be able to cost share any expenses necessary to attend the MYT Conference. This will allow more Montanans to be served by these scholarship dollars.

**Note for youth attendees:** Youth that are under the age of 21 and are still in school (either in high school or have been accepted or are attending post-secondary education) should complete the Pre-ETS application (or submit copies if completed prior) on pages 3 and 4. Youth attendees will be covered monetarily by the Pre-ETS program. Families traveling with youth may share transportation and accommodations with their youth attendees.

**\*\* Please note** that this is a Conference and is not staffed to monitor unattended youth. Any minors must be accompanied appropriately by an adult. There will be down times (evening meals, after hours, etc.) that should be taken into consideration when planning youth attendance. Thank you!

**Please complete and email or mail this application to:**

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

**Mail:** Montana Youth Transitions

1617 Euclid Ave, Suite #1

Helena, MT 59601

# 2024 MYT Scholarship Application

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

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please "X" one of the following categories:

- in school youth (*Please complete Page 3-4 or submit copy of Pre-ETS forms*)
  out of school youth  
 parent/guardian
  Presenter
  educator  
 service personnel (OT, SLP, etc.)
  service provider (Agency: \_\_\_\_\_)  
 other (please specify) \_\_\_\_\_

Are you applying for other funding to attend this conference? Please identify

Please identify any additional people that request to be covered under this scholarship application:	
Name	Category
1.	
2.	
3.	
4.	

**Please indicate below** what costs you are applying to have covered under this scholarship application and **what you or your agency can do to help cost share** (Example: agency provides transportation but is requesting lodging assistance or you will cover your own meal costs but need assistance with travel expenses.)

Expense	Scholarship requested	Agency provided	Self provided
<b>Registration Fee Waiver</b> <i>Conference registration also includes 3 meals and some snack breaks</i>			
<b>Lodging Scholarship</b> <i>Scholarships cover 2 nights lodging at the conference hotel. Attendees traveling over 200 miles may apply for a 3<sup>rd</sup> night lodging. No incidentals are included.</i>			
<b>Mileage Stipend</b> <i>Available for attendees that live more than 75 miles from conference venue</i>			
<b>Meal Stipend</b> <i>For meals not provided by the conference and during travel.</i>			

**I attest that all information provided on this application is true to the best of my knowledge. I understand that I may be required to carpool or share expenses with others in my family or agency. I further understand that scholarships are limited and will be awarded according to need on a first-come, first-served basis.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Request Form for Pre-Employment Transition Services**  
**Montana Vocational Rehabilitation and Blind Services**

Student Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School ID Number: \_\_\_\_\_

Student's Race:  American Indian  Asian  Black  Native Hawaiian  White

Student's Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Student's Disability Status:  504 Accommodation  IEP  Has a Disability (No 504 or IEP)

Primary Disability: \_\_\_\_\_

School Name: \_\_\_\_\_ School Contact \_\_\_\_\_:

Student's Grade Level: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Pre-Employment Transition Services Requested: (See Definitions and Check all that apply)

- Job Exploration Counseling
- Work Based Learning
- Counseling on comprehensive transition or postsecondary educational programs
- Workplace readiness training
- Instruction in self-advocacy

By signing this form, I am requesting Pre-Employment Transition Services. I understand that if I wish to apply for vocational rehabilitation services, I may do so at any time. For the specific purpose of participation in Pre-Employment Transition Services, I grant permission for Vocational Rehabilitation and Blind Services (VRBS) to exchange information with my school and service providers. I understand that VRBS requests my Social Security Number for federal reporting purposes. All information will be kept in the strictest confidence and used solely for program purposes. Information that I have provided is to the best of my knowledge true, correct and complete.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student's Parent or Legal Guardian  
(if student is under 18)

\_\_\_\_\_  
Date

**Request Form for Pre-Employment Transition Services  
Montana Vocational Rehabilitation and Blind Services**

**Student with a Disability Verification**

**Definition:**

A student with a disability is an individual with a disability in a secondary, postsecondary, or other recognized education program who is not younger than 14 and not older than 21. The student is eligible for, and receiving, special education or related services under Part B of the Individuals with Disabilities Education Act (20 U.S.C. 1411 et seq.); or is an individual with a disability, for purposes of section 504; or is an individual with a disability who is not receiving a 504 accommodation or services under an Individualized Education Program (IEP).

**If this request form is being completed by school personnel, please verify the following:**

By signing this form, I verify that this individual meets the definition of a student with a disability and there is available documentation supporting that the student is:

- A student with a disability for the purposes of section 504; or
- A student with a disability and is receiving transition services under an Individualized Education Program (IEP); or
- A student with a documented disability who is not receiving a 504 accommodation or services under an Individualized Education Program (IEP).

School Personnel Name: \_\_\_\_\_

(Printed)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**If this request form is being completed by non-school personnel, one of the following supporting documents must be included with the submitted request form:**

- Copy of Individualized Education Program (IEP) or 504 Accommodation
- School records/statement from school personnel
- Proof of receipt of SSI/SSDI benefits based on individual's own disability
- Medical or psychological documentation signed by a licensed professional

**VRBS Office Use Only:**

- Required verification has been reviewed and individual is confirmed to be a student with a disability
- The student has reviewed information about the available Pre-ETS and requested specific services.
- VRBS is in agreement that the requested Pre-Employment Transition Services are appropriate and necessary for the student to prepare for life after high school.

VRBS Staff Name: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed) (Signature)