

**ASMSU-BILLINGS
CHILD CARE SCHOLARSHIP APPLICATION**

Name _____

School I.D. _____

Current Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

(Check One) University campus CC campus

Number of credits you are enrolled in:

_____ 12 or more (Undergraduate)

_____ 9 or more (Graduate)

Your major _____ minor _____

MSUB cumulative GPA (must be 2.50 or above) _____

To the best of my knowledge, the above information is correct.

Signature of Applicant

Date

PLEASE USE THIS FORM TO WRITE YOUR PERSONAL LETTER OR ATTACH A LETTER.

Parents' Names:

Mother _____ Father _____

Child's Name	Age	Child's Name	Age

Remember to include letters of recommendation, working copy of transcript, and invoice or statement from provider.