



Admissions  
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## Dual Enrollment Student Application for Hardship Scholarship

Eligibility for the Hardship Scholarship is determined by completion of this form, including all signatures and dates. Verification of financial need is determined by Method 1 or Method 2 listed below and accompanying documentation (if applicable).

**Office Use Only:**  
Term: \_\_\_\_\_  
Initials: \_\_\_\_\_

Students enrolling in dual enrollment courses through Great Falls College Montana State University are eligible for two free courses (up to six credits) through the **1-2-FREE Program**. After a student has utilized the free courses, they may be eligible to receive a scholarship to cover any tuition that exceeds what is covered through the **1-2-FREE Program**. If the student is determined eligible, they may enroll in additional dual enrollment courses free of charge (course, program fees and textbook costs may apply).

Students must reapply *each semester* for the scholarship. If a student meets the criteria, the scholarship will automatically be applied to their student account at Great Falls College MSU.

### ➔ Student Information—REQUIRED

Full Legal Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID#: \_\_\_\_\_ Enrollment Term: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

*\*Students under 18 years require a parent/guardian signature. Emancipated minors do not require a parent/guardian signature.*

### ➔ Scholarship Eligibility Verification—REQUIRED

*Please select which verification method you choose and complete the appropriate section*

**VERIFICATION METHOD 1 (by the High School)**

*I verify this student is eligible for free and reduced lunch and/or is a McKinney/Vento participant and is therefore eligible for the scholarship.*

Printed Name of High School Official:  
\_\_\_\_\_

Title: \_\_\_\_\_

High School Official Signature:  
\_\_\_\_\_

Date: \_\_\_\_\_

**VERIFICATION METHOD 2 (by the student)**

*I verify I and/or my primary household is participating in one of the programs listed below and therefore eligible for the scholarship.*

Check **any/all** boxes that apply **AND provide documentation**

- I receive free or reduced school lunch.
- My household participates in SNAP/WIC.
- I am a McKinney-Vento participant.
- My household receives a Section 8 housing voucher.
- My household participates in TANF.
- A household member receives SSI.
- My household participates in Head Start.
- A household member participates in Medicaid and/or Healthy Montana kids.