



## BERTELSEN AWARD APPLICATION FORM

*Please read the grant guidelines then fill in all information requested.*

Date of application: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Parent(s) or Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_

How did you hear about DREAM: \_\_\_\_\_

Please describe the educational/recreational opportunities you wish to pursue and for which you are applying for funds: \_\_\_\_\_

Provider of classes or lessons: \_\_\_\_\_

If a tutor is being used please have the tutor briefly describe their qualifications:

\_\_\_\_\_

If the tutor wants their contact information shared with other individuals who may be interested in tutoring please include it here (optional). Phone: \_\_\_\_\_

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

Dates that classes are offered or lessons will take place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of each class/lesson: \_\_\_\_\_

(If a private tutor is being used then we require the applicant and the tutor agree on a schedule in advance and list the dates and duration of each tutoring session above.)

What are your personal goals concerning this educational/recreational opportunity? In other words, what specifically do you hope to learn or achieve? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If taking a class or lessons, what is the total cost? \_\_\_\_\_

If using a tutor, what is the cost per hour? \_\_\_\_\_ And the total cost? \_\_\_\_\_

*Please include any available documentation of the classes or lessons you wish to take. For example, send a copy of a course catalogue, handout, or flier describing the class. (If there is not any documentation available, as might be the case if a tutor is being used, your application will still be considered.)*

I have read the Bertelsen Award guidelines and I agree to use any award money I receive for the educational/recreational services I have described in this application. If a tutor is being used, please have the tutor sign below signifying their agreement to provide the services as described in this application.

\_\_\_\_\_  
Signature of Applicant or Parent/Gaurdian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tutor (If Applicable)

\_\_\_\_\_  
Date

*Return completed application to:*

DREAM  
PO Box 6051  
Bozeman, MT 59771

Received: \_\_\_\_\_ Approved: \_\_\_\_\_