

## *Montana Students Save for Higher Education* POTENTIAL PARTICIPANT APPLICATION FORM

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

To ensure you qualify for Montana Students Save, please read the Montana Students Save Frequently Asked Questions document provided with this application before completing.

To be eligible for Montana Students Save, your household income must be at or below the following levels:

200 % OF THE FEDERAL POVERTY GUIDELINES (Required for MSS participation)	
Persons in Family or Household	Income Equal to or Less Than
1	\$ 21,660
2	\$ 29,140
3	\$ 36,620
4	\$ 44,100
5	\$ 51,580
6	\$ 59,060
7	\$ 66,540
8	\$ 74,020
For each additional person, add	\$ 7,480

OR

EITC Income Requirements (Required for MSS participation)		
Number of Children	Family Head Filing Individually	Married Filing Jointly
0	\$12,880	\$15,880
1 child	\$33,995	\$36,995
2 or more children	\$38,646	\$41,646

SOURCE: [www.irs.gov](http://www.irs.gov)

SOURCE: Federal Register, Vol. 74, No. 14, January 23, 2009, pp. 4199-4201

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_

Ethnicity:  African American  Caucasian  
 Latino or Hispanic  Asian, Pacific Islander  
 Native American  Other (please specify: \_\_\_\_\_)

County of residence: \_\_\_\_\_

How did you hear about the *Montana Students Saves Program*? \_\_\_\_\_

**CONTACT INFORMATION**

**APPLICANT:**

Street: \_\_\_\_\_ Apartment/Lot #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_ Cell/Pager: (\_\_\_\_)\_\_\_\_\_

**EMERGENCY CONTACT INFO:** please provide information of a relative/friend who would definitely know how to contact you, even if you move:

Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_  
 Street: \_\_\_\_\_ Apartment/Lot #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**HOUSEHOLD INFORMATION<sup>1</sup>**

**MARITAL STATUS:**  
*(choose one)*

- Single (never married)       Married/Common Law       Separated  
 Divorced       Widowed

How many adults (18 years and older) currently live in the household: \_\_\_\_\_ (include yourself)

How many children (under 18 years) currently live in the household: \_\_\_\_\_ (include yourself)

Please complete the following for each person in your household:

Social Security Number	Name	Date of Birth (day, month, year)	Gender (male/female)	Relationship to Applicant

<sup>1</sup> " Household" includes (1) your financial dependents (for example, your dependent children), (2) anyone you depend on financially (for example, your parents), or (3) anyone with whom you are financially interdependent (for example, your spouse or partner), whether they live with you or not.

## HIGHEST LEVEL of EDUCATION COMPLETED

Choose one:

- Grades K through 12. Please list last grade completed: \_\_\_\_\_
- High School Diploma  GED
- Attended college, did not complete  Completed Associate's Degree (2 year)
- Completed Bachelor's Degree 4 year)  Completed professional or graduate degree

Are you currently enrolled in school (grades K-12)?  Yes  No

If yes, what is the name of the school? \_\_\_\_\_

Are you currently enrolled in a post-secondary education or training program?  Yes  No

If yes, what is the name of the school and/or program? \_\_\_\_\_

## EMPLOYMENT INFORMATION

**PRESENT EMPLOYMENT STATUS:**

*(choose one for yourself, other adults in your household, and other children in your household.)*

	Yourself	Other Adult(s) In Your Household	Other Children in Your Household
Employed more than full-time (overtime or more than one job)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed full-time (35-40 hours per week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employed part-time (less than 35 hours per week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently Seeking Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not employed. Reason: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU ARE CURRENTLY EMPLOYED, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**INCOME INFORMATION**

**INCOME OF ALL HOUSEHOLD MEMBERS - please list *gross income* (before taxes):**

CATEGORY	LAST MONTH	TYPICAL MONTH	LAST YEAR
<b>Formal employment</b> ( <i>wages or earned income</i> )	\$	\$	\$
<b>Self-employment</b> ( <i>e.g., from formal or informal business - selling things you make, doing laundry, sewing, childcare, etc.</i> )	\$	\$	\$
<b>Government assistance</b> ( <i>TANF, Food Stamp, SSI, Social Security, Unemployment or Veterans' Benefits.</i> ) Please indicate which: _____	\$	\$	\$
<b>Pensions or retirement income (including Social Security)</b>	\$	\$	\$
<b>Child support/ alimony payments that you receive</b>	\$	\$	\$
<b>Support from friends or family</b>	\$	\$	\$
<b>Investment income (savings, CDs, stocks or bonds)</b>	\$	\$	\$
<b>Other</b> (please specify: _____ ) _____ )	\$	\$	\$

Please provide documents that will help to verify your income, such as pay stubs, earnings statements, tax records, child support checks, or payment records.

## ASSETS & LIABILITIES

*(circle one)*

<b>Does anyone in your household own a vehicle(s)?</b> <i>(if there is more than one vehicle, please provide the information for each vehicle)</i>	Yes    No	Value of vehicle(s): Outstanding vehicle loan(s):	\$ _____ \$ _____
<b>Does anyone in your household own a home?</b>	Yes    No	Value of home: Outstanding mortgage	\$ _____ \$ _____
<b>Does anyone in your household own a business?</b>	Yes    No	Value of business: Outstanding loan(s):	\$ _____ \$ _____
<b>Does anyone in your household own residential rental property or land?</b>	Yes    No	Value of property: Outstanding property loan:	\$ _____ \$ _____
<b>Does anyone in your household own stocks, bonds, a 401 k, or other investments?</b>	Yes    No	Value of investments:	\$ _____
<b>Do you have a checking account?</b>	Yes    No	Amount in account:	\$ _____
<b>Does anyone else in your household have a checking account?</b>	Yes    No	Amount in account:	\$ _____
<b>Do you have a savings account (other than an IDA)?</b>	Yes    No	Amount in account:	\$ _____
<b>Does anyone else in your household have a savings account?</b>	Yes    No	Amount in account:	\$ _____
<b>Do you owe money to friends or family?</b>	Yes    No	Amount you owe:	\$ _____
<b>Does anyone else in your household owe money to friends or family?</b>	Yes    No	Amount owed:	\$ _____
<b>Does anyone in your household have past due household bills?</b>	Yes    No	Amount past due:	\$ _____
<b>Is anyone in your household carrying a balance on credit card(s)?</b>	Yes    No	Amount of balance(s):	\$ _____
<b>Does anyone in your household have outstanding student loans?</b>	Yes    No	Outstanding loans:	\$ _____
<b>Does anyone in your household have outstanding medical bills?</b>	Yes    No	Outstanding balance:	\$ _____
<b>Does anyone in your household pay child support and/or alimony?</b>	Yes    No	Amount you pay:	\$ _____
<b>Do you have health insurance?</b>	Yes    No	Amount you pay:	\$ _____
<b>Do you have life insurance?</b>	Yes    No	Amount you pay:	\$ _____
<b>Do you have automobile insurance?</b>	Yes    No	Amount you pay:	\$ _____

APPLICANT PERSONAL STATEMENT

The participant must successfully complete program requirements and use his/her money for higher education by November 30, 2010. When do you plan on using your savings and matched money?

Please explain why you are interested in participating in the *Montana Students Save for Higher Education Program*. Describe your educational goal and any other current plans you have for attending college. Use additional sheets if necessary.

Why is attending college important to you? Use additional sheets if necessary.

Which school do you plan on attending for your higher education? Why? Use additional sheets if necessary.

How much do you anticipate saving each month in order to meet your savings goal? How much do you think you can afford to save?

*(The minimum monthly deposit required is \$20 and there is no maximum limit. You must save for at least 6 months.)*

## APPLICANT CERTIFICATION

**Please note:** all information requested on this application will be kept confidential, except where authorized by signed information releases. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.

My signature below certifies that all information on this application is accurate and complete to the best of my knowledge.

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

*Applicants under the age of 18 must have the consent of a parent or guardian:*

My signature below certifies that I am a parent or guardian of the minor applicant on this application and that I consent to the applicant's participation in the *Rural Montana Saves Program*.

Name of Participant: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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**We must verify the identity of the applicant and each of the applicant's household members. Please submit at least one of the following for you and each of your household members with your completed application:**

- Driver's license or state-issued photo identification
- ID card issued by federal, state, or local government agency
- School ID card with photograph
- Voter's registration card
- U.S. Passport (unexpired)
- Certificate of U.S. Citizenship
- Certificate of Naturalization
- Permanent Resident Card

*For persons under age 18 who are unable to present a document listed above:*

- U.S. social security card
- School record or report card
- Clinic, doctor, or hospital record

**We must also verify the income stated in this application. Please submit ALL of the following for you and each of your household members with your completed application:**

- Recent paystub and/or most recent tax return
- Authorization for Release of Information and Referral

PLEASE MAIL OR DROP OFF THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO THE PARTICIPATING LOCAL CREDIT UNION, STUDENT ASSISTANCE FOUNDATION, OR MCUCD. A LIST OF CONTACTS IS FOUND ON THE NEXT PAGE.

**QUESTIONS:** If you have a question on how to complete any part of this application, please contact Karen Smith, Montana Students Save Program Coordinator, at 1-800-745-5546 ext. 124. Address: 1236 Helena Avenue, Helena MT 59601

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*Montana Students Save* is a project of Student Assistance Foundation, Montana Credit Unions for Community Development, Partner Credit Unions and US Department of Public Health and Human Services through the Assets For Independence Program.



# Montana Students Save for Higher Education Contact List

## CREDIT UNIONS

### MONTANA CREDIT UNIONS FOR COMMUNITY DEVELOPMENT

Primary Contact: **Joanne Martonik**  
E-mail: [jmartoni@mtlsa.org](mailto:jmartoni@mtlsa.org)  
1236 Helena Avenue  
Helena, MT 59601  
Telephone: (800) 745-5546 x140  
Fax: (406) 442-9085  
[www.montanacreditunions.coop](http://www.montanacreditunions.coop)

### FERGUS COUNTY FCU

Primary Contact: **Dixie Denton**  
E-mail: [dixie@ferguscountyfcu.com](mailto:dixie@ferguscountyfcu.com)  
106 E Janeaux  
Lewistown, MT 59457  
Telephone: (406) 535-7478  
Fax: (406) 535-9790  
[www.ferguscountyfcu.com](http://www.ferguscountyfcu.com)

### GREAT FALLS TEACHERS FCU

Primary Contact:  
**Julie McCamley**  
E-mail: [Julie@gfteachersfcu.com](mailto:Julie@gfteachersfcu.com)  
PO Box 2649/1500 River Drive N.  
Great Falls, MT 59403  
Telephone: (406) 727-7300  
Fax: (406) 771-8706  
[www.gfteachersfcu.com](http://www.gfteachersfcu.com)

### KOOTENAI VALLEY FCU

Primary Contact: **Betty Willman**  
E-mail: [kvfcu@yahoo.com](mailto:kvfcu@yahoo.com)  
PO Box 636 / 1010 Minnesota Ave  
Libby, MT 59923  
Telephone: (406) 293-6421  
Fax: (406) 293-8491  
[www.kootenaivalleyfcu.com](http://www.kootenaivalleyfcu.com)

### LINCOLN COUNTY CU

Primary Contact: **Kymberly  
Shoemaker**  
E-mail: [kym@lincolncountycu.com](mailto:kym@lincolncountycu.com)  
PO Box 2200  
Eureka, MT 59917  
Telephone: (406) 297-7940  
[www.lincolncountycu.com](http://www.lincolncountycu.com)

### MISSOULA FCU

Primary Contact: **Ryan Leisle**  
E-mail: [ryan@missoulafcu.org](mailto:ryan@missoulafcu.org)  
3600 Brooks Street  
Missoula, MT 59801  
Telephone: (406) 523-3335  
Fax: (406) 541-3310  
[www.missoulafcu.org](http://www.missoulafcu.org)

### SKY FCU

Primary Contact: **Tina Taylor**  
E-mail: [tinat@skyfcu.org](mailto:tinat@skyfcu.org)  
111 North B Street  
Livingston, MT 59047  
Telephone: (406) 222-1750  
Fax: (406) 222-1786  
[www.skyfcu.org](http://www.skyfcu.org)

### SUMMIT CU

Primary Contact: **Rita Schuetzle**  
E-mail: [ritas@yoursummitcu.org](mailto:ritas@yoursummitcu.org)  
PO Box 22739/ 1111 24<sup>th</sup> Street W  
Billings, MT 59104  
Telephone: (406) 656-2409  
Fax: (406) 656-3209  
[www.yoursummitcu.org](http://www.yoursummitcu.org)

## STUDENT ASSISTANCE FOUNDATION

### KELLY CHAPMAN

E-mail: [kchapman@safmt.org](mailto:kchapman@safmt.org)  
Executive Vice President  
Chief of Foundation Activities  
2500 Broadway  
Helena, MT 59601  
Telephone: (406) 495-7390  
Fax: (406) 459-9097

### FLATHEAD VALLEY COMMUNITY COLLEGE

**Mary Howard**  
E-mail: [mhoward@safmt.org](mailto:mhoward@safmt.org)  
777 Grandview Dr SCA 104  
Kalispell, MT 59901  
Telephone: (406) 756-3382  
Fax: (406) 709-2002

### MILES COMMUNITY COLLEGE

**Josh Sloan**  
E-mail: [jsloan@safmt.org](mailto:jsloan@safmt.org)  
2715 Dickinson Street  
Miles City, MT 59301  
Telephone: (406) 874-6197  
Fax: (406) 874-6293

### MSU BILLINGS

**Kalie Porter**  
E-mail: [kporter@safmt.org](mailto:kporter@safmt.org)  
McMullen Hall  
1500 University Drive  
Billings, MT 59101  
Telephone: (406) 657-1639

### MSU GREAT FALLS

**Breanna Dorseth**  
E-mail: [bdorseth@safmt.org](mailto:bdorseth@safmt.org)  
MSU Great Falls  
2100 16<sup>th</sup> Avenue South  
Great Falls, MT 59405  
Telephone: (406) 771-5136

### MSU BOZEMAN

**Emily Flemming**  
E-mail: [eflemming@safmt.org](mailto:eflemming@safmt.org)  
Strand Union Building, Room 130A  
Bozeman, MT 59717  
Telephone: (406) 994-5024  
Fax: (406) 994-7879

### UM MISSOULA

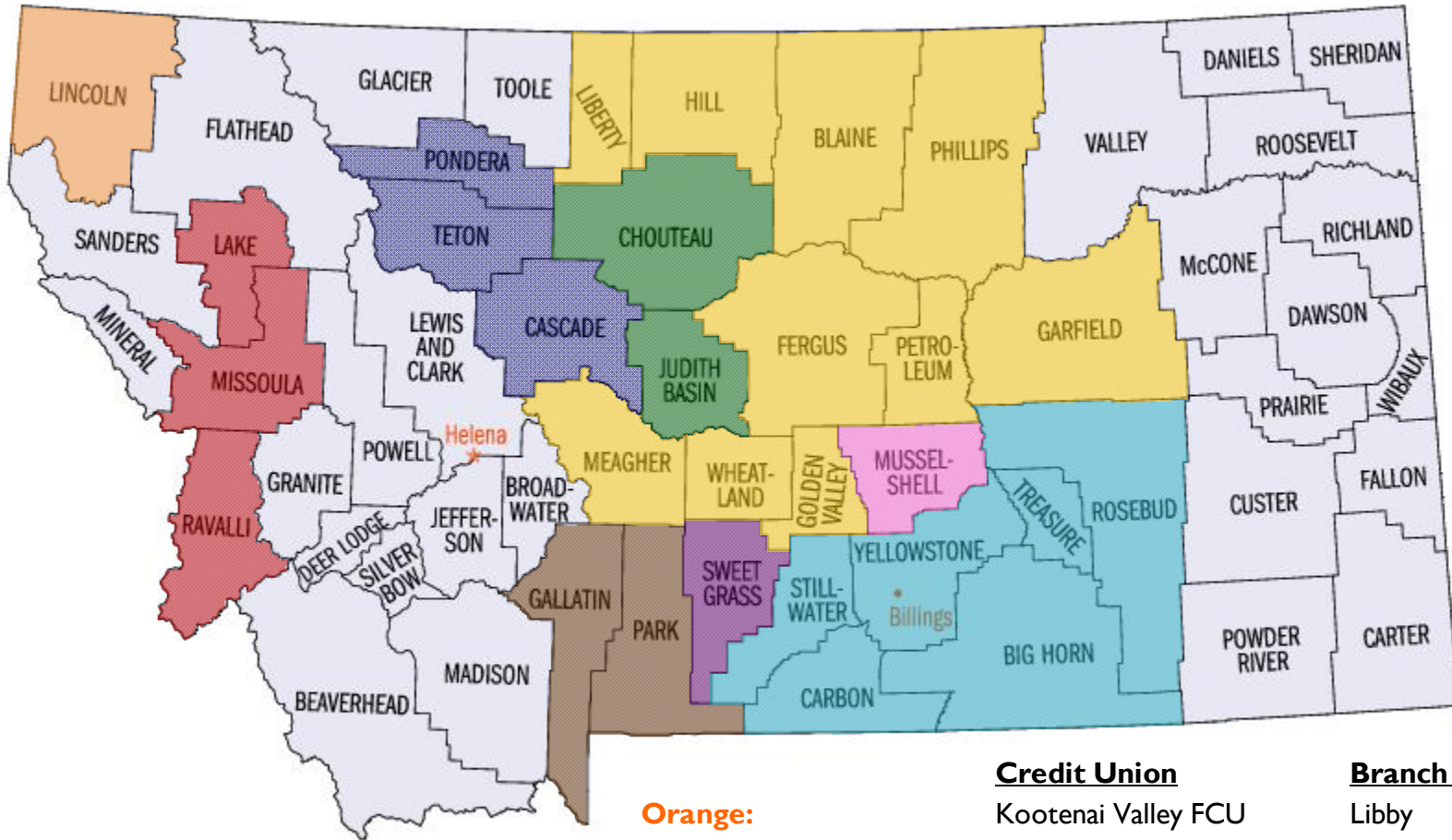
**Clay Hanson** E-mail:  
[chanson@safmt.org](mailto:chanson@safmt.org)  
Lommasson Center, Room 218  
Missoula, MT 59812  
Telephone: (406) 243-5426

### MONTANA TECH

**Shauna Savage**  
E-mail: [ssavage@safmt.org](mailto:ssavage@safmt.org)  
Student Union Building Room 112A  
1300 W Park Street  
Butte, MT 59701  
Telephone: (406) 496-4890  
Fax: (406) 496-4891

# Montana Students Save

You may be eligible for the Montana Students Save IDA program if you reside in one of the color coded counties below.



	<b>Credit Union</b>	<b>Branch Office(s)</b>
<b>Orange:</b>	Kootenai Valley FCU	Libby
<b>Orange:</b>	Lincoln County CU	Eureka Branch
<b>Yellow, Green, &amp; Pink</b>	Fergus County FCU	Lewistown
<b>Blue &amp; Green</b>	Great Falls Teachers FCU	Great Falls
<b>Teal, Purple, &amp; Pink</b>	Summit CU	Billings
<b>Brown &amp; Purple</b>	Sky FCU	Livingston, Bozeman & Belgrade
<b>Red</b>	Missoula FCU	Missoula & Stevensville