



**Scholarship Application
Dual Credit Program Tuition**

Fall semester deadline: September 15
Spring semester deadline: January 30

Tuition due date: October 1
Tuition due date: February 15

Return to: Idaho Falls School District 91 Education Foundation (Students from #91 & #93)
690 John Adams Parkway
Idaho Falls, ID 83401
Attention: Dual Credit Program Scholarship
Phone: 208-525-7500 ext. 274

1. STUDENT INFORMATION- please print

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street)

(City) (State) (Zip)

Phone number: _____ Birth date: _____

High School: _____ Planned H.S. graduate date: _____

Social Security Number: _____

Parent(s) Name: _____

Number of Dual Credits already earned: _____ credits Dual Credit gpa _____

Course(s) planned for this semester: _____

Credit hour total: _____ (# hours) Fee Total \$ _____ Book Total \$ _____

Total amount due \$ _____

(The actual amount of the award will vary depending upon available funds.)

Are other family members eligible for Dual Credit enrollment this term? (circle one): **YES NO**
(please explain): _____

Check when completed;

On an additional sheet of paper, please write a brief statement about your educational goals, intended field of study and other information you wish the committee to consider for your approval as a scholarship recipient. (No more than 1/2 page typewritten.)

Please attach an unofficial transcript of your college work to date to this application.

2. FINANCIAL INFORMATION – to be completed by Parent/Guardian

Current Annual Income (adjusted gross income on most recent tax form) \$ _____
How many dependents will you claim this tax year? _____
Please estimate your income for the current year? \$ _____

I certify that all the information provided on this application is true/correct. I hereby give permission to the District 91 Foundation and officials at my high school to give the Scholarship Committee information pertinent to verify this completed scholarship application. I further authorize the Greater Idaho Falls Education Coalition and University(s) with which I am registered to include my name when appropriate in the lists of winners to be publicized in the news media.

_____ Date _____
(Student Signature)
_____ Date _____
(Parent Signature)

3. COUNSELOR INFORMATION – to be completed by high school counselor:

Current High School GPA: _____ (3.0 req. for Dual Credit Program)
Comments on student’s performance: _____

Counselor confirmation: _____
(Please sign and print name)

4. COMMITTEE USE:

Total Tuition Due: _____
Scholarship Award Amount: _____
Chair, Chamber Scholarship Committee: _____
(Signature)

