

Dual Credit Scholarship Application

Provided by the College Access Challenge Grant

****SCHOLARSHIP APPLICATION DEADLINE: October 1, 2009****

Submit this application directly to the institution's Dual Credit/Concurrent Enrollment Coordinator:

Boise State University

Kristi Lakatos
Extended Studies
1910 University Drive
Boise, Idaho 83725-1120
208-426-3294

College of Southern Idaho

John Miller
Taylor 251
P.O. Box 1238
Twin Falls, ID 83303-1238
208-732-6280

College of Western Idaho

Paula Edmonds-Hollifield
5500 E University Way
Nampa, ID 83687
208-562-3318

Northwest Nazarene University

Cindy Roberts
Helstrom 104, Box 298
623 Holly Street
Nampa, ID 83686
208-467-8373

Idaho State University

Barbara Bishop
921 S 8th Avenue, Stop 8057
Pocatello, ID 83209-8057
208-282-6067

Lewis-Clark State College

Kim Wolf
RCH 114, 500 8th Ave.
Lewiston, ID 83501
208-792-2378

North Idaho College

Steve Casey
Molstead Library 2011
1000 West Garden Avenue
Coeur d'Alene, ID 83814
208-769-3229

University of Idaho

Cynthia Leonhart
Student Union Building, Room 119
PO Box 444262
Moscow, ID 83844-4262
208-885-6128

The College Access Challenge Grant (CACG) is a grant designed to foster partnerships among Federal, State and local government entities and philanthropic organizations to significantly increase the number of underrepresented students who enter and remain in postsecondary education. **CACG provides two-year grants to states to meet the needs of underrepresented students and families. The 2009-2010 academic year is the second and final year for this grant and scholarship.**

Idaho's CACG will give direct support to students by providing tuition assistance and/or textbooks for **dual credit courses**. Underrepresented students will be identified through a brief application process initiated by the school staff and sent to the Dual Credit Coordinator. Please note, a request for funds is not guarantee of funding.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING!

Student Information

Name: (Last, First, MI) _____

Address: _____
Street City State Zip

Date of Birth: _____ Social Security Number: _____

Qualify for free or reduced lunch

Other indicator of financial need (please specify and attach supporting documentation)

Student Request

NOTE: Requests should be for one class only. The State Board of Education **WILL NOT** award scholarships for more than one class during the academic year.

Course Title/Number: _____ Credits: _____ Amount: _____

Counselor Certification

This student has been recommended for scholarship support by their building administration based on the fact they are extremely needful of support.

Current High School GPA: _____ High School: _____

Comments on student's performance: _____

_____ (attach another sheet if necessary)

Counselor Signature: _____ Date: _____

Student Certification

I certify that this application is correct to the best of my knowledge. I give my consent for the institution's representative to share this information with the Office of the State Board of Education for the purpose of awarding scholarships and evaluating the program.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

DC Coordinator Signature: _____ Date: _____