



**Scholarship Application For 2014  
ISU Early College Program Concurrent Tuition**

Third Trimester Deadline: March 20<sup>th</sup>

Application Due Date: March 20<sup>th</sup>

**Return to: ISU Credit Union, Attention: Andrea Hedstrom, 353 N. 4<sup>th</sup>, Suite 210, Pocatello, ID 83201**  
**\*Incomplete applications will not be considered\***

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number & Street)

Phone Number: \_\_\_\_\_ High School: \_\_\_\_\_

Planned H.S. Grad Date: \_\_\_\_\_ School District: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Number of Concurrent Credits already earned at ISU: \_\_\_\_\_

How many courses for Early College credit are you taking this semester? Please list courses with numbers:

Credit Hour Total \_\_\_\_\_ (hours) Total amount due to ISU: \_\_\_\_\_

Are any other family members applying for this scholarship? If so, list: \_\_\_\_\_

**STATEMENT BY APPLICANT AND TRANSCRIPTS:** On an additional sheet of paper, please write a statement about your educational goals, intended field of study and/or circumstance you wish the committee to consider for your approval as a scholarship recipient. Please print out an unofficial transcript of your ISU college work to date. These transcripts must be attached to your application.

**ELIGIBILITY CONSIDERATIONS - to be completed by high school counselor & parent:**

Current High School GPA: \_\_\_\_\_ Current ISU GPA (if applicable): \_\_\_\_\_

High School Counselor comments on student’s performance, attitude and basis for need:

H.S. Counselor Signature \_\_\_\_\_

(Please sign and print name and include phone number)

**Parent statement** as to why the student is in financial need of this scholarship. (Please fill out the attached monthly living expenses to be considered for this application. This scholarship is a need based scholarship – Please provided documentation as proof to substantiate this information):

Are you a member of ISU Credit Union? \_\_\_\_\_

Student must have submitted appropriate placement test scores (if applicable) and be pre-registered for their courses before submitting this application. Students desiring academic credit may contact the Early College Program if they have additional questions (282-6067) or (282-2633).

I certify that all the information provided on this application is correct. I hereby give permission to the ISU Credit Union and officials at by high school to give the ISU Early College/Dual Enrollment Scholarship Committee information pertinent to verify this completed scholarship application. I further authorize the ISU Credit Union and Idaho State University to include my name when appropriate in lists of winners to be publicized in the news media.

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

\_\_\_\_\_ Date \_\_\_\_\_  
**Parent Signature**

**PLEASE REMEMBER IF AWARDED A SCHOLARSHIP IT MAY OR MAY NOT BE THE FULL AMOUNT OF THE TUITION YOU HAVE REQUESTED.**

(Attach a copy of your statement, transcripts from high school and ISU transcripts, if applicable.)

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**FOR COMMITTEE USE ONLY:**

Scholarship Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Total Tuition Due: \_\_\_\_\_ Scholarship Amount Awarded: \_\_\_\_\_

Parent or Student is a member of the credit union - Yes or No (Verified by ISU Credit Union)

Scholarship Committee Signature \_\_\_\_\_

**FINANCES of the Parent/Guardian where you are residing:** Attach a written statement if you have unusual financial circumstances which cannot be adequately reflected in this budget. **PLEASE READ CAREFULLY AND COMPLETE ACCURATELY FOR THE 2013 ACADEMIC YEAR**

**MONTHLY LIVING EXPENSES**

- Housing \$
- Gas/Electric \$
- Clothing \$
- Phone \$
- Water \$
- Food \$
- Dental/Med. \$
- Car Payment \$
- Car Ins. \$
- Gas & Oil \$
- Car Repair \$
- Debt Payments \$
- Childcare \$
- Child Support \$

**Other Expenses (Specify):**

\$  
\$

**TOTAL MONTHLY EXPENSES \$**

Please list any unusual or out of the ordinary school expenses:  
\$

**TOTAL EXPENSES \$**

**MONTHLY RESOURCES**

- Your Salary \$
- Spouse Salary \$
- Aid from Family \$
- VA, DVA Benefits \$
- Unemployment Comp. \$
- Child Support \$
- Food Stamps \$
- TAFI \$

**TOTAL MONTHLY RESOURCES \$**

**OTHER RESOURCES**

Please list any other resources or outside assistance:  
\$

**TOTAL RESOURCES \$**

Please list make, model, and year of vehicles you own/operate:

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**PLEASE LIST ALL OUTSTANDING DEBTS: LOAN #1    LOAN #2    LOAN #3    LOAN #4**

**Owe To:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**Monthly Payment:** \_\_\_\_\_

(Attach Additional Sheet If Necessary)

**CERTIFICATION:** I certify that all the information provided on this application is true. I hereby give permission to the ISU and my high school to give to the ISU Early College/Dual Enrollment Scholarship Committee information pertinent to verify this completed scholarship application. I also authorize Idaho State University the right to release information, which is pertinent to this application, to others involved in providing funds related to my education. I further authorize Idaho State University and ISU Federal Credit Union to include my name when appropriate in the lists of winners to be publicized in the news media.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date