



Scholarship Application
For
ISU Early College Program Concurrent Tuition

Fall Semester Deadline: September 15th

ISU Tuition Due Date: October 1st

Return to: ISU Credit Union, Attention: Melody Lockhart, 353 N. 4th, Suite 210, Pocatello, ID 83201

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.

Student Signature Date _____

Parent Signature Date _____

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.)

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: 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 2008-2009 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:

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/correct. 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