

Center for New Directions (CND)
College of Technology Idaho State University
921 S. 8th Ave. Campus Stop 8380
Pocatello, ID 83209-8380
cnd@isu.edu
(208) 282-2454

Single Parent Student Scholarship Application Summer Semester 2012

Due Monday, April 16, 2012 by 5:00 pm

A. Application Requirements and Selection Process:

1. Be a single parent student enrolled in at least six (6) credits in the College of Technology at the time of the April 16, 2012 scholarship application deadline.
2. It is your responsibility to make sure your application is filled out completely. Incomplete applications will not be reviewed. Contact the Center for New Directions at 282-2454 with your questions.
3. Demonstrate financial need. It is necessary for you to complete the financial statement thoroughly and accurately for financial need to be determined.
4. Submit two (2) letters of recommendation. The attached sheets are for this purpose. Preference given to letters of recommendation from current or former employers, instructors, or other professionals.
5. Include a typed personal statement. Write a statement about your educational goals, chosen career path, plans for accomplishment, your background, and any other information you feel is pertinent. (*The selection committee places strong emphasis on this portion.*)
6. Complete the attached release of information form.
7. A minimum 2.0 grade point average (GPA) is required. Requirement is waived for new students.
8. Recipients are chosen by the Center for New Directions Scholarship Selection Committee.
9. This scholarship is for one semester. If you wish to apply for additional semesters, you must submit a new application each time. You may submit the letters of recommendation and personal statement from your initial application.
10. Single Parent student scholarships funds are required to be used for College of Technology program fees, books, tools, and program materials.

B. Scholarship Recipient Requirements and Conditions

1. You must attend two (2) meetings during the semester with the CND single parent counselor in order to discuss program progress.
2. Failure to fulfill the above requirements will result in ineligibility for the scholarship for the next semester.
3. Notify the Center for New Directions if you withdraw from your program.
4. A thank you letter can be sent to the CND scholarship committee.

CENTER FOR NEW DIRECTIONS
College of Technology Idaho State University
921 S. 8th Ave. Stop 8380
Pocatello, ID 83209
(208) 282-2454

SINGLE PARENT STUDENT SCHOLARSHIP APPLICATION

Name _____ Bengal ID Number _____

Address _____
Street City State Zip Code

Email Address _____ Phone _____

Program _____ Date Entered/Will Enter Program _____

Planned Graduation Date _____

For what semester and year are you applying? (Circle one)
Fall Spring Summer Year _____

How many credits are you registered for? _____

Marital Status: (Circle one)
Single, never married Married and Separated Divorced Other

The following financial information only pertains to the semester for which you are applying:

Are you employed? Yes No If yes, how many hours per week _____

Job Title _____

Employer _____

Address _____

Gross Monthly Earnings _____

List anyone who lives in your household with name, age, and relationship to you:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Statement

Please be aware that receiving this scholarship may affect other financial aid awards or assistance you receive.

Please read carefully and complete accurately for the upcoming semester.

Monthly Expenses

Housing _____
 Electricity/Gas..... _____
 Clothing..... _____
 Phone..... _____
 City Utilities..... _____
 Food..... _____
 Medical/Dental..... _____
 Car Payment..... _____
 Debt Payment..... _____
 Child Care..... _____
 Other Expenses (specify):

Total Monthly Expenses: _____

Monthly Resources (indicate monthly, semester, or year)

Salary..... _____
 VA/DVA benefits..... _____
 Unemployment compensation..... _____
 Child Support..... _____
 Food Stamps..... _____
 TAFI..... _____
 Work Study..... _____
 Aid from Friends or Family _____

List Any Other Resources or Assistance:

Total Monthly Resources: _____

Total Monthly Resources:	\$ _____
	-
Minus... Total Monthly Expenses:	\$ _____
	=
Equals... Monthly Net Resources:	\$ _____

Financial Aid:

Pell Grant..... _____
 Federal Student Loans..... _____
 Other Student Loans..... _____
 WIA..... _____
 Campus Based Aid..... _____
 Other Scholarships..... _____
 Savings..... _____
 Total..... _____

Please list vehicles you own:

_____	_____	_____
Year	Make	Model
_____	_____	_____
Year	Make	Model

List money you owe, attach an additional sheet if necessary:

	Owe To	Purpose	Balance	Monthly Payment
Loan #1				
Loan#2				
Loan #3				

I certify that all the information provided on this application is true and correct. I hereby give permission to the ISU Financial Aid Office, ISU Scholarship Office, and to ISU Business Offices to provide information to the ISU Center for New Directions Scholarship Selection Committee to verify that this is a complete application for a scholarship.

If I am awarded a CND Single Parent scholarship and I withdraw or transfer from the ISU College of Technology, I agree to return the scholarship funds. I will contact the Center for New Directions to devise a reasonable repayment plan.

Signature _____ Date __/__/__

Idaho State University (ISU)
College of Technology (COT)
Center for New Directions

Scholarship Release of Information Form

It will be necessary for the Center for New Directions (CND) personnel to discuss aspects of your scholarship application with members of the CND Scholarship Selection Committee, personnel from the College of Technology, and ISU Business Offices. It is understood that such information will be shared only with qualified personnel and that all information will be kept strictly confidential.

I, _____, hereby give permission for CND personnel to communicate with members of the CND Scholarship Selection Committee, personnel from the College of Technology, and the ISU Business Offices.

I understand that my permission is in effect from the date of my signature throughout the time of my enrollment in the College of Technology.

Student's Signature

Student's Printed Name

Date

