

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

College of Technology New Student Backpack Application
Spring 2010

DUE Friday, November 6, 2009 BY 5 P.M.

This scholarship is for a backpack and school supplies.

A. Application and Selection Process

To apply for this scholarship you must:

1. Be a first semester College of Technology student registered for at least twelve (12) credits.
2. Demonstrate financial need. It is necessary for you to complete the financial statement thoroughly and clearly in order for financial need to be determined.

Name _____ SSN _____

Address _____
Street City State Zip Code

Email Address _____ Phone _____

Program _____ Is this your first semester? Yes No

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 Married Separated Divorced Living with Partner

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

Job Title _____

Employer _____

Address _____

Gross Monthly Earnings _____

If Married, Is your Spouse Employed Yes No If yes, how many hours per week _____

Job Title _____

Employer _____

Address _____

Gross Monthly Earnings _____

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 (yours)..... _____
 Salary (partner's)..... _____
 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..... _____

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

Signature _____ Date __/__/__