

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 Student Backpack Application Spring Semester 2012

This scholarship is for a backpack and school supplies.

Application due by Monday, November 21, 2011, by 5 PM

Application and Selection Process

1. Be a College of Technology student enrolled in at least twelve (12) credits in spring semester 2012 by the deadline of Monday, November 21, 2011. Preference given to freshman and sophomore students.
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.
3. Student may be awarded a Backpack from the Center for New Directions or START program one time.

Name _____ Bengal ID # _____

Address _____
Street City State Zip Code

Email Address _____ Phone _____

Program _____ Is this your first semester? Yes No

Have you previously received a Backpack from the Center for New Directions or the START 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 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 fill out financial information completely and 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: Fill out financial aid information completely.

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 give permission to ISU Business Offices, Financial Aid Office and Scholarship Office to provide information to the Center for New Directions Scholarship Committee to verify that this is a complete application for a scholarship.

Signature _____ Date __/__/__