

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 Fall 2009

Deadline is Friday, November 6, 2009 BY 5 P.M.

A. Application and Selection Process

The Scholarship Award is for \$500. Application Requirements:

1. Be a single parent student registered for at least twelve PTE (12) credits in the College of Technology.
2. Demonstrate financial need. It is necessary for you to complete the financial statement thoroughly and accurately for financial need to be determined.
3. Submit two (2) letters of recommendation or reference. The attached sheets are for this purpose. Please give them to persons who will be able to answer the required questions about you in a manner that will be to your best advantage.
4. Include a typed personal statement. On a separate sheet of paper, write a statement on your background, educational goals, chosen career path, plans for accomplishment, and any other information you feel is pertinent. (*The selection committee places strong emphasis on this portion.*)
5. Complete the attached release of information form.
6. It is your responsibility to make sure that your application is filled out completely. Incomplete applications will not be reviewed. If you have questions, please contact the Center for New Directions at 282-2454.
7. Recipients will be chosen by the Center for New Directions Selections Committee.
8. 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 references and personal statement from your initial application. It is your responsibility to make copies for this purpose.
9. Single Parent student scholarships funds are required to be used for College of Technology program fees, books, tools, and program materials

B. Recipient Requirements and Conditions

1. You must complete the CND intake forms before funds will be released.
2. You must attend two (2) meetings with the single parent counselor in order to discuss program progress.
3. Failure to fulfill the above requirements will result in ineligibility for the scholarship for the next semester.
4. Notify the Center for New Directions if you withdraw from your program.

Financial Statement

Please be aware that receiving this scholarship may affect other financial aid awards you receive as well as Health and Welfare benefits (check with State of Idaho Health and Welfare office).

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 Business Offices, Financial Aid Office and Scholarship Office, 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.

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 and personnel from the ISU Scholarship Office and the ISU Financial Aid Office on a one-to-one basis, electronically, and/or on the telephone. It is understood that such information would 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, and with personnel from the ISU Scholarship Office and the ISU Financial Aid Office.

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

