

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  
Summer 2010

**DUE Monday, April 9, 2010 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 College of Technology Single Parent student registered for at least six (6) 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.
3. You must meet with a CND counselor during the summer semester to discuss program progress.

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:** \_\_\_\_\_

<b>Total Monthly Resources:</b>	\$ _____
Minus...	-
<b>Total Monthly Expenses:</b>	\$ _____
	=
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   /  /