
9th Annual
Women & Work Conference
March 11, 2009

Scholarship Application

Date: _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

How many people live in your home? _____

Do you have dependent children (17 years of age and under)? Yes ___ No ___

Please indicate the annual household cash income from all current sources:

___ less than \$5,000 ___ \$5,000 to \$10,000 ___ \$10,000 to \$15,000

___ \$15,001 to \$20,000 ___ \$20,001 to \$25,000 ___ \$25,000 or more

Please mark the amount of the scholarship you are requesting:

___ \$9.50 (students) ___ \$20.00 (community members)

Please indicate why you are in need of this scholarship:

Signature _____

Return to:

Center for New Directions
Idaho State University College of Technology
921 S. 8th Ave., Stop 8380
Pocatello, ID 83209-8380

For Office Use only

Request Reviewed _____

Applicant Informed _____