
11th Annual
Women & Work Conference
March 9, 2011

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 \$20,00 ___ \$20,001 to \$25,000 ___ \$25,000 or more

Please mark the amount of the scholarship you are requesting:

___ \$10.00 (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 _____
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