

Dual Credit Scholarship Application

Provided by the College Access Challenge Grant

Submit this application directly to the institution's Dual Credit/Concurrent Enrollment Coordinator:

Boise State University

Kristi Lakatos
Extended Studies
220 E. Parkcenter Blvd.
Boise, Idaho 83706-3940
208-426-3294

College of Southern Idaho

John Miller
Taylor 251
P.O. Box 1238
Twin Falls, ID 83303-1238
208-732-6280

College of Western Idaho

5500 E University Way
Nampa, ID 83687
208-562-3247

Northwest Nazarene University

Cindy Roberts
Concurrent Credit/Express Ed. Program
623 S. University Blvd.
Nampa, ID 83686
208-467-8373

Idaho State University

Chelsie Rauh
Early College Program
921 S 8th Avenue, Stop 8057
Pocatello, ID 83209-8057
208-282-6067

Lewis-Clark State College

Rachel Peasley
RCH 114, 500 8th Ave.
Lewiston, ID 83501
208-792-2378

North Idaho College

Virginia Winckler
Molstead Library 2011
1000 West Garden Avenue
Coeur d'Alene, ID 83814
208-769-3229

University of Idaho

Linda Gollberg
Education Building, Room 217A
PO Box 443099
Moscow, ID 83844-3099
208-885-4074

The College Access Challenge Grant (CACG) is a grant designed to foster partnerships among Federal, State and local government entities and philanthropic organizations to significantly increase the number of underrepresented students who enter and remain in postsecondary education. **CACG provides grants to states to meet the needs of underrepresented students and families.**

Idaho's CACG will give direct support to students by providing tuition assistance and/or textbooks for **dual credit courses**. Underrepresented students will be identified through a brief application process initiated by school staff and sent to the Dual Credit Coordinator. Please note, a request for funds is not guarantee of funding.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING!

Student Information

Name: (Last, First, MI) _____

Address: _____
Street City State Zip

Date of Birth: _____ Social Security Number: _____

Please indicate: Qualify for free or reduced lunch Do not qualify for free or reduced lunch

Student Request

NOTE: Requests should be for one class only. The State Board of Education will not award scholarships for more than one class during the academic term.

Course Title/Number: _____ Credits: _____ Amount: _____

Counselor Certification

This student has been recommended for scholarship support by their building administration based on the fact they meet the need criteria noted above and the academic criteria established to participate in dual credit programs.

Current High School GPA: _____ High School: _____

Comments on student's performance: _____

_____ (attach another sheet if necessary)

Counselor Signature: _____ Date: _____

Student Certification

I certify that this application is correct to the best of my knowledge. I give my consent for the institution's representative to share this information with the Office of the State Board of Education for the purpose of awarding scholarships and evaluating the program.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For Institution Use Only

I verify that I have reviewed and support this application and that the student meets the institutional criteria established to participate in dual credit courses.

DC Coordinator Signature: _____ Date: _____

Statement of Financial Need

2011 – 2012

Attach this certification to the Dual Credit Scholarship Application to be considered for a dual credit scholarship through the College Access Challenge Grant.

<u>Size of Family Unit</u>	<u>Annual Family Income</u> (does not exceed)
1	\$20,147
2	\$27,214
3	\$34,281
4	\$41,348
5	\$48,415
6	\$55,482
7	\$62,549
8	\$69,616

For family units with more than eight members, add **\$7,067** for each additional family member.

With respect to the application submitted by (son/daughter) _____, our annual family income meets the criteria mentioned above. Please allow him/her to apply for the Dual Credit Scholarship provided through the College Access Challenge Grant.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____