

**IDAHO STATE UNIVERSITY
SCHOLARSHIP REPLY FORM**

2011-2012 ACADEMIC YEAR IDAHO PROMISE CATEGORY B / ISU MATCHING SCHOLARSHIP

Please read the following conditions of your Idaho Promise Category B / ISU Matching Scholarship, check if you are accepting or not, complete the information requested, sign your acceptance of the conditions, and return it to the address noted at the bottom of this form.

Please be aware that if you **drop below full-time status or fail to maintain the minimum GPA or other requirements of this scholarship, the award will be cancelled.** If you have any questions or need further information about this scholarship or its conditions, please contact the Scholarship Office at (208) 282-3315. The Scholarship Office suggests that you keep a copy of this reply form for future reference.

TERMS AND CONDITIONS:

- (1) I understand that this scholarship is for the 2011-2012 academic year only.
- (2) I understand that a portion of this award may be renewed for a maximum of six (6) additional semesters provided I meet all required renewal criteria and funding is provided.
- (3) I will register for and successfully complete full-time credits each semester. Full-time credits are a minimum of 12 credit hours per semester **(24 credits required in an academic year)**.
- (4) I will achieve and maintain a minimum 2.50 grade point average for renewal of my second, third, and fourth semesters, and a minimum 3.00 grade point average for renewal in my third and fourth year at Idaho State University.
- (5) I understand I must be admitted to ISU and registered, as noted above, before my account can be credited.
- (6) I am an Idaho resident and a U.S. citizen or have Permanent Residency status.
- (7) **I have not received the Idaho Promise previously or attended college since high school graduation. If different please indicate semesters attended and/or semester(s) when Promise was received.**

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- I. [] I **ACCEPT** the Idaho Promise Category B / ISU Matching Scholarship for the 2011-2012 academic year and agree to the terms and conditions noted above.
- II. [] I **DO NOT ACCEPT** the scholarship.
Reason for not accepting _____

In accepting this scholarship, I allow Idaho State University to share information from my scholarship application in relation to any publicity which may be released pertaining to the ISU Scholarship Program and to those involved with the administration of the program. My signature also certifies that the Idaho Promise portion will be used for educational costs only.

Your Name: _____ Bengal ID#/SSN: _____

Home Address: _____ High School: _____

City, State, ZIP: _____ Program of Study(Major): _____

Signature

Date

RETURN THIS FORM TO:

IDAHO STATE UNIVERSITY
SCHOLARSHIP OFFICE
921 S. 8TH AVENUE, STOP 8391
POCATELLO, ID 83209-8391
FAX: (208) 282-5717