

**IDAHO STATE UNIVERSITY  
SCHOLARSHIP REPLY FORM  
2009-10 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 should you, for any reason, **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. I suggest you keep a copy of this reply form for future reference.

**TERMS AND CONDITIONS:**

- (1) I understand that this scholarship is for the 2009-10 academic year only.
- (2) I understand that a portion of this award may be renewed for a maximum of two 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.
- (5) I understand I must be admitted to ISU and pre-registered, as noted above, before my account can be credited.
- (6) I will write a letter of appreciation to the donor of this scholarship.
- (7) I am an Idaho resident and a U.S. citizen or have Permanent Residency status.
- (8) **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.**

I.  I **ACCEPT** the Idaho Promise Category B/ISU Matching Scholarship for the 2009-10 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/City:

Program of Study:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO:**

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