Idaho State University
Emergency Scholarship Application for students in Final Year/Semester to Graduate
Funded through the Idaho Community Foundation

Return to: Idaho State University Dean of Students
921 S. 8th Ave, Stop 8123, Pocatello, ID 83209-8123
Phone: (208) 282-2794 Email: deanofstudents@isu.edu

DESCRIPTION: The Emergency Scholarship, funded by the Idaho Community Foundation, is awarded to US Citizens who are in their final year to graduate from their undergraduate degree program. Students must be in good academic standing, have applied for financial aid, and making progress towards their degree. Emergency Scholarships are provided for legitimate emergency situations where a catastrophic event has occurred. Poor financial choices do not constitute an emergency (e.g. credit card debt, poor use of financial aid funding, loans to friends or family, etc.). This scholarship is not intended to supplement a student’s financial aid package and we cannot award funds beyond what a student’s aid package allows. Emergency Scholarships will not be considered in the Summer Semester.

I PERSONAL INFORMATION

1. ______________________________________  (Last)  (First)  (Middle)
2. Phone number:__________________________
3. ISU E-mail:____________________________
4. Student ID #:___________________________
5. Major or program of study:_______________
6. Expected degree:________________________
7. Expected Date of Graduation:______________
8. How many credits have you completed as of the date of this application? ______
9. Number of credits enrolled in for the current ISU semester: ______
10. Are you currently in good academic standing at ISU (please circle one): Yes No
11. If eligible for Financial Aid, are you meeting all Financial Aid “Satisfactory Academic Progress” requirements? (Please circle one): Yes No
12. If eligible for Financial Aid, have you applied for the current semester (and if so), have you exhausted all of your financial aid (i.e. loans, Pell Grants, etc.) for the given semester in which you are requesting an Emergency Scholarship (please circle one): Yes No
13. Have you applied for Scholarship(s) while enrolled at ISU (please circle one): Yes No
14. Do you attest that you are in your final academic year or semester to graduate: Yes No
   NOTE: You must be in your final year/semester to graduate in order to be considered.
15. What semester are you requesting the Emergency Scholarship: _____
   (i.e. Fall 2020)

IMPORTANT NOTE: All applications will be reviewed by the Dean of Students Office and if recommended/approved will be forwarded to the Scholarship Office for further review. Students who are not in good academic standing or who have not exhausted financial aid/resources may not be approved. There are no guarantees of awarding. Students must be in their final year of their undergraduate program and earning their first certificate, associates, or bachelor’s degree.

II. STATEMENT BY APPLICANT: Please provide a “typed” statement addressing your need for the Emergency Scholarship as well as how this aid (if approved) will get you through the final semester/year in order to graduate.
CERTIFICATION: I certify that all the information provided on this application is true/correct. I also authorize Idaho State University the right to release information pertinent to this application to others involved in reviewing and providing funds related to my education for this purpose.

____________________________________  ________________________________
Signature                                      Date

Do not write below this line --- For Office use only

Student Care and Assistance Coordinator  ____________________________

Recommended $ Amount: ______________________

______________________________  __________________
Scholarship Office

Dean of Students Office will return this completed application (and any corresponding documents) to the Scholarship Office for further review/processing.