APPLICATION & SELECTION PROCESS
To apply for either or both the Fall 2017 and Spring 2018 Single Parent Scholarship you must:
1. Be a full-time (12 credits or more) College of Technology student enrolled in a College of Technology Technical Certificate or Associate degree program by the application deadline. Bachelor of Applied Science and/or Bachelor of Applied Technology Students are ineligible.
2. Demonstrate financial need by completing the financial statement thoroughly and clearly. Include all Financial Aid.
3. Submit two (2) letters of recommendation. The attached sheets are for this purpose. Preference given to letters of recommendation from current or former employers, instructors, and other professionals.
4. Include a typed personal statement. Write a statement about your educational goals, career path, plans for accomplishment, your background, and other information you feel is pertinent. (Strong emphasis is put on this section of the application by the Selection Committee).
5. Include a copy of the student class schedule for the semester of application.
6. Complete the attached Release of Information form.
7. EXTREMELY IMPORTANT - It is your responsibility to make sure that your application is complete and accurate. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. If you have questions, please contact the Center for New Directions office at 208-282-2454.
8. Recipients will be chosen by the Center for New Directions Scholarship Committee.
9. Minimum 2.0 GPA is required. Requirement is waived for new students.
10. This scholarship is for Fall 2017. You will automatically receive the scholarship again in Spring 2018, when you meet additional requirements (see below).

SCHOLARSHIP RECIPIENT REQUIREMENTS AND CONDITIONS:
1. You must meet with the Single Parent Counselor before the semester begins to complete a CND intake, discuss scholarship conditions, and identify any special needs before scholarship funds will be released. You must attend a second meeting with the Single Parent Counselor mid-semester of receiving each scholarship.
2. You must attend a minimum of one (1) student networking lunch groups each semester of receiving the scholarship, or make arrangements with the Single Parent Counselor to fulfill this requirement. (Student’s responsibility)
3. You must do one of the following: attend and help with the Super STEM Girl Conference OR participate in an internship program OR attend the CND Advisory Board meetings (one each semester) as a student representative and sub-committee member. This Requirement must be satisfied each semester for continued eligibility.
4. Mid-semester the fall semester that you receive the scholarship, you must provide the CND with a written thank-you and/or in the spring semester, a personal statement about how receiving the award has impacted your life/school experience and your future school and career plans.
5. Failure to fulfill the above requirements will result in ineligibility for the following semester scholarship.
6. Notify the Center for New Directions if you withdraw from your program which may result in repayment of the scholarship.
7. Single Parent student scholarship funds are required to be used for College of Technology program fees, books, tools, and program materials.
SINGLE PARENT STUDENT SCHOLARSHIP APPLICATION

Name _____________________________________________Bengal ID#_______________________

Address__________________________________________________________City  State  Zip

Email Address ________________________________________________________Phone _______________________

Program ___________________________ Date entered program ____________________________

Planned Graduation Date: ____________  Degree: (Circle one)  
Technical Certificate  Associates Degree

What semester/year are you applying? (Circle one)  
Fall  Spring  Summer

Registered # of Credits: ____________  Year: _________________

Marital Status: (Circle one)  Single  Married and Separated  Divorced

The following financial information only pertains to the semester you are applying for:

Are you employed?  □ Yes  □ No  
If yes, how many hours/week? ____________

Job Title ________________________________________________________________

Employer _________________________________________________________________

Address _________________________________________________________________

Monthly Earnings (gross) ________________________________

How many people live in your household?  Please list their names and their relationship to you:  
Name ___________________________________________ Relationship __________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Financial Statement

Please be aware that receiving this scholarship may affect other financial aid awards or assistance you receive.
Please complete accurately for the upcoming semester.

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>Monthly Resources (Monthly, Semester, or Year)</th>
</tr>
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<tbody>
<tr>
<td>Housing __________________________</td>
<td>Your Salary ___________________</td>
</tr>
<tr>
<td>Gas/Heating ______________________</td>
<td>Aid from family ___________________</td>
</tr>
<tr>
<td>Clothing __________________________</td>
<td>VA/DVA benefits ___________________</td>
</tr>
<tr>
<td>Phone ____________________________</td>
<td>Unemployment compensation ___________________</td>
</tr>
<tr>
<td>Water ____________________________</td>
<td>Child Support ___________________</td>
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<td>Food ____________________________</td>
<td>Food Stamps ___________________</td>
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<tr>
<td>Medical/Dental ____________________</td>
<td>TAFI ___________________</td>
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<tr>
<td>Car Payment ______________________</td>
<td>Work Study ___________________</td>
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<tr>
<td>Debt payment ______________________</td>
<td>Please list any other sources of income: ___________________</td>
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<tr>
<td>Child care ________________________</td>
<td>______</td>
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<td>Other expenses (specify): ____________</td>
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TOTAL MONTHLY EXPENSES: ____________________________

TOTAL MONTHLY RESOURCES: ____________________________

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<th>Total Monthly Resources: $ ____________</th>
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<td>Minus... Total Monthly Expenses: $ ____________</td>
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<td>Equals... Monthly Net Resources: $ ____________</td>
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Federal Financial Aid ___________________ 
WIA ___________________ 
Pell Grant ___________________ 
Student Loans ___________________ 
Campus based aid ___________________ 
Other scholarships ___________________ 
Savings ___________________ 
Please list make, model, and year of vehicles you own: ___________________ 

Owe to | Purpose | Balance | Monthly Payment |
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<td>Loan #1</td>
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<tr>
<td>Loan #3</td>
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Attach an additional sheet if necessary

I certify that all information provided on this application is accurate. I give permission to the ISU Financial Aid Office, ISU Scholarship Office, and to ISU Business Offices to provide information to the Center for New Directions Scholarship Committee to verify this information is accurate.

If I am awarded a CND Single Parent Student scholarship and I withdraw from ISU College of Technology, I will notify the Center for New Directions and I may be required to return the scholarship funds. I will contact CND to arrange a repayment plan.

Your signature ___________________ Date __/__/__

Owe to | Purpose | Balance | Monthly Payment |
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Attach an additional sheet if necessary
Thank you for writing a letter of recommendation for ________________________________.

Please use your personal knowledge of the student to respond to the following questions.

1. How long have you known the student and in what capacity? (Employer, Instructor, Other Individual, etc.)

2. What is your personal knowledge of the student’s strengths and responsibilities in his/her life? (Address specific examples of accomplishments at work, school, home, community, church, etc.)

3. What is your personal knowledge of the student’s educational goals and his/her progress toward the goal of self-reliance? (Consider any barriers or difficulties you know that this person has overcome.)

4. Are there any additional recommendations you would like to mention that you think the selection committee should know about the student?

Your Name ________________________________ Date __________________

Address ________________________________

Phone ________________________________
Letter of Recommendation

Thank you for writing a letter of recommendation for

____________________________

Please use your personal knowledge of the student to respond to the following questions.

5. How long have you known the student and in what capacity? (Employer, Instructor, Other Individual, etc.)

6. What is your personal knowledge of the student’s strengths and responsibilities in his/her life? (Address specific examples of accomplishments at work, school, home, community, church, etc.)

7. What is your personal knowledge of the student’s educational goals and his/her progress toward the goal of self-reliance? (Consider any barriers or difficulties you know that this person has overcome.)

8. Are there any additional recommendations you would like to mention that you think the selection committee should know about the student?

Your Name ____________________________ Date ________________
Address ____________________________________________
Phone ____________________________
Scholarship Release of Information Form

It will be necessary for the Center for New Directions (CND) personnel to discuss aspects of your scholarship application with members of the CND Scholarship Selection Committee, personnel from the College of Technology, and ISU Business Offices. It is understood that such information will be shared only with qualified personnel and that all information will be kept strictly confidential.

I, ________________________________, give permission for CND personnel to communicate with members of the CND Scholarship Selection Committee, personnel from the College of Technology, and the ISU Business Offices. I understand that my permission is in effect from the date of my signature throughout the time of my enrollment in the College of Technology.

__________________________________________
Student’s Signature

__________________________________________
Student’s Printed Name

__________________________________________
Date