

# TWIN FALLS ROTARY CHILD CARE SCHOLARSHIP

CENTER FOR NEW DIRECTIONS  
College of Southern Idaho

Five \$200.00 Scholarships for the 2009 Spring Semester



## AWARD:

- Scholarships will be awarded for **child care expenses** and be available for the **last full month of the current semester**. Awards will be in the amount of \$200 each and are made out to the recipient's child care provider.

## CRITERIA:

- **Current full-time CSI student**  
(You must complete the semester for which you are awarded the scholarship.)
- **Financial need**
- **Academic standing**
- **Household status**
- **Completed application form**
- Priority will be given to patrons of the **C.S.I. Child Care Center**.

**TO APPLY:** Please read directions carefully and fill the application completely.

- Return completed applications to **Canyon 105** or mail to:  
**Revis Turner**  
**College of Southern Idaho**  
**P.O. Box 1238**  
**Twin Falls ID 83303**

## DEADLINE:

- **DUE: April 11 before 5:00 PM.** Completed applications **must** be received by this date to qualify for consideration.
- **NOTIFICATION:** Letters will be mailed by Monday, May 1.

**If you have any questions, call Revis at 732-6688 or 1-800-680-0274 Ext. 6688.**

# TWIN FALLS ROTARY INTERNATIONAL CHILD CARE SCHOLARSHIP APPLICATION

## INSTRUCTIONS:

All four pages must be **completed in full**. Your advisor must complete and sign section A of the Educational Status Verification form (page 4). All information you provide is kept confidential.

## I. PERSONAL DATA:

1. Name: \_\_\_\_\_
2. SSN: \_\_\_\_\_ CSI ID # \_\_\_\_\_
3. Address: \_\_\_\_\_  
(Number and Street) (City) (Zip)
4. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

## II. HOUSEHOLD INFORMATION:

1. List all persons residing in your household: *(Use an additional sheet if necessary)*

First Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Is your spouse/partner a student? Yes: Pt-Time \_\_\_\_\_ F-Time \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**III. FINANCIAL INFORMATION:**

**1. Source(s) of monthly household income and expenses. (Fill in each blank even if zero. Divide semester financial aid/awards(s) by 4 (months) to arrive at the monthly amount.)**

**HOUSEHOLD GROSS MONTHLY INCOME:**

**MONTHLY HOUSEHOLD EXPENSES:**

My Salary/Wages..... \$ \_\_\_\_\_  
 Spouse Salary/Wages..... \$ \_\_\_\_\_  
 Child Support..... \$ \_\_\_\_\_  
 Alimony/Maintenance..... \$ \_\_\_\_\_  
 Unemployment..... \$ \_\_\_\_\_  
 Social Security ..... \$ \_\_\_\_\_  
 SSI..... \$ \_\_\_\_\_  
 Vocational Rehabilitation... \$ \_\_\_\_\_  
 Scholarships..... \$ \_\_\_\_\_  
 Pell Grant ..... \$ \_\_\_\_\_  
 Student Loan ..... \$ \_\_\_\_\_  
 Welfare/TAFI..... \$ \_\_\_\_\_  
 WIA..... \$ \_\_\_\_\_  
 Other Public Assistance.. \$ \_\_\_\_\_  
 Food Stamps..... \$ \_\_\_\_\_  
 Tuition Waiver (Include CSI Dependent Waiver) \$ \_\_\_\_\_  
 Work Study (Yours) ..... \$ \_\_\_\_\_  
 Work Study (Other) ..... \$ \_\_\_\_\_  
 Other Income (Describe):  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL monthly gross income =** \$ \_\_\_\_\_

Housing (Rent/Mortgage).....\$ \_\_\_\_\_  
 Clothing.....\$ \_\_\_\_\_  
 Utilities... ..\$ \_\_\_\_\_  
 Phone.....\$ \_\_\_\_\_  
 Food..... \$ \_\_\_\_\_  
 Dental/Medical..... \$ \_\_\_\_\_  
 Car Payment.....\$ \_\_\_\_\_  
 Car Ins.....\$ \_\_\_\_\_  
 Gas & Oil..... \$ \_\_\_\_\_  
 Child Support..... \$ \_\_\_\_\_  
 Other Expenses (Describe):  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL monthly expenses =** \$ \_\_\_\_\_

- 1. Do you receive housing assistance?**  
 Yes \$ \_\_\_\_\_ /month No \_\_\_\_\_
- 2. If you receive housing assistance, who is the provider?** \_\_\_\_\_
- 3. Do you receive Medicaid/Medicare?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_





**VI. EDUCATIONAL STATUS VERIFICATION:**

**A.**

***To be completed by your advisor:***

1. Student Name: \_\_\_\_\_
2. Estimated midterm GPA: \_\_\_\_\_
3. Cumulative GPA: \_\_\_\_\_

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**ADVISOR'S SIGNATURE**

**DATE**

**B.**

***To be completed by applicant:***

1. Number of credits you are taking this semester: \_\_\_\_\_
2. Anticipated graduation date: \_\_\_\_\_
3. Major: \_\_\_\_\_

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**STUDENT'S SIGNATURE**

**DATE**