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.*)

<table>
<thead>
<tr>
<th>HOUSEHOLD GROSS MONTHLY INCOME:</th>
<th>MONTHLY HOUSEHOLD EXPENSES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Salary/Wages..................</td>
<td>Housing (Rent/Mortgage)......</td>
</tr>
<tr>
<td>Spouse Salary/Wages.............</td>
<td>Clothing......................</td>
</tr>
<tr>
<td>Child Support........................</td>
<td>Utilities... ................</td>
</tr>
<tr>
<td>Alimony/Maintenance...............</td>
<td>Phone..........................</td>
</tr>
<tr>
<td>Unemployment........................</td>
<td>Food..........................</td>
</tr>
<tr>
<td>Social Security ..................</td>
<td>Dental/Medical................</td>
</tr>
<tr>
<td>SSI..........................</td>
<td>Car Payment..................</td>
</tr>
<tr>
<td>Vocational Rehabilitation..........</td>
<td>Car Ins........................</td>
</tr>
<tr>
<td>Scholarships....................</td>
<td>Gas &amp; Oil.....................</td>
</tr>
<tr>
<td>Pell Grant ........................</td>
<td>Child Support.................</td>
</tr>
<tr>
<td>Student Loan........................</td>
<td>Other Expenses (Describe):</td>
</tr>
<tr>
<td>Welfare/TAFI.....................</td>
<td>____________________________</td>
</tr>
<tr>
<td>WIA..........................</td>
<td>$_______</td>
</tr>
<tr>
<td>Other Public Assistance.. ........</td>
<td>____________________________</td>
</tr>
<tr>
<td>Food Stamps........................</td>
<td>$_______</td>
</tr>
<tr>
<td>Tuition Waiver (Include CSI Dependent Waiver)</td>
<td>____________________________</td>
</tr>
<tr>
<td>Work Study (Yours) ................</td>
<td>$_______</td>
</tr>
<tr>
<td>Work Study (Other) ................</td>
<td>$_______</td>
</tr>
<tr>
<td>Other Income (Describe):</td>
<td>$_______</td>
</tr>
</tbody>
</table>

**TOTAL monthly gross income =** $_______

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**
IV. CHILD CARE INFORMATION:

1. Name of child care provider: __________________________________________

2. Address: __________________________ City: ______________ Phone: __________

3. Number of children requiring child care: __________

4. What is your total monthly child care cost: $__________

5. Do you receive child care assistance: Yes $____________/per month  No_________
   ➤ If Yes, from whom do you receive child care assistance? _______________________

V. ABOUT YOU:

Please tell us about yourself and why you need this scholarship: (Use an additional sheet if necessary)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
VI. EDUCATIONAL STATUS VERIFICATION:

A. To be completed by your advisor:

1. Student Name: __________________________________________
2. Estimated midterm GPA: _________________________________
3. Cumulative GPA: ________________________________

___________________________________________________________________________

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: _________________________________________________

___________________________________________________________________________

STUDENT’S SIGNATURE                                                    DATE