



# IDAHO COMMUNITY FOUNDATION

## Kathryn A. Scott Scholarship Fund

**Deadline: March 15th**

<u>Who Can Apply?</u>	<u>Required Application Materials</u>
<ul style="list-style-type: none"><li>• Must be a single mother residing in Idaho and a nontraditional student;</li><li>• Planning to enroll in a degree-seeking program or certification program (including GED) at Boise State University or College of Western Idaho;</li><li>• Must be enrolling in at least 9 credits per semester as an undergraduate student or 6 credits per semester as a graduate student;</li><li>• Must demonstrate financial need;</li><li>• Prior history of substance abuse will not be a disqualifier;</li><li>• Preference may be given to veterans;</li><li>• Former recipients may reapply for additional funding.</li></ul>	<ul style="list-style-type: none"><li>• Copy of your most recent high school transcript or unofficial college transcript</li><li>• A written statement (1-3 pages in length) addressing the following:<ul style="list-style-type: none"><li>○ Educational, career goals and objectives;</li><li>○ Extra-curricular activities, volunteerism, awards, honors, and/or offices held;</li><li>○ Work experience and if you plan to work while attending college;</li></ul></li><li>• Full copy of FAFSA Report<ul style="list-style-type: none"><li>○ If you have not received your FAFSA Report, you may substitute it with a brief paragraph explaining your household's current financial situation. Please include household size and any extenuating circumstances or additional financial information you would like to share with the committee.</li></ul></li><li>• Two letters of recommendation from non-family members.</li></ul>

### Application Instructions:

- Complete this application and attach the *Required Application Materials* listed above.
- **Combine ALL materials into a single PDF attachment.** Google docs will not be accepted.
- Email completed PDF applications to [scholarships@idahocf.org](mailto:scholarships@idahocf.org) *no later than 11:59pm MST on March 15th.* Late/Incomplete applications will not be considered.

### APPLICANT INFORMATION

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Permanent Address (if different than above): \_\_\_\_\_

Personal Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **SCHOOL INFORMATION**

High School Name: \_\_\_\_\_

City/State: \_\_\_\_\_

High School Cumulative GPA: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Please list the post-secondary institution you plan to attend: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ Anticipated annual cost of attendance: \_\_\_\_\_

College Cumulative GPA (if applicable): \_\_\_\_\_

What field do you plan to study? \_\_\_\_\_

If you are already in college, number of credits completed towards degree: \_\_\_\_\_

If you are already in college, anticipated date of graduation: \_\_\_\_\_

### **CERTIFICATION**

By submitting this application (written or electronically) I consent to the gathering, use and releasing of my information by the Idaho Community Foundation as it relates to the funding of the scholarships. I understand the information is needed for the purpose of the scholarship payments and for normal business operations of the agency. This consent is valid for three years from the date signed, unless I revoke this consent, in writing, to the extent of the information already shared. I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature (Typed or Written) \_\_\_\_\_

Date \_\_\_\_\_

**If selected for a scholarship, you will be notified by email.**

### **Questions?**

Email [scholarships@idahocf.org](mailto:scholarships@idahocf.org) or call (208)342-3535.