



# IDAHO COMMUNITY FOUNDATION

## Treasure Valley Family YMCA Y-Not Go On Scholarship

**NOTE: Limited to one applicant per high school.**  
**Please see your guidance counselor before submitting application.**

**Deadline: February 1<sup>st</sup>**

This scholarship will be awarded to at least one student each year in the amount of \$10,000 and is renewable for up to four years for a total of \$40,000 if the student maintains a GPA of at least 2.75.

The goal of this scholarship is to help students attend the post-secondary educational institution of their choice and can be used at the student's choice of public or private junior college, college, university, vocational, or technical school.

<b><u>Who Can Apply?</u></b>	<b><u>Required Application Materials</u></b>
<ul style="list-style-type: none"><li>• Students who are graduating seniors of public high schools in the geographic area served by the Treasure Valley Family YMCA (Ada and Canyon Counties);</li><li>• Have a cumulative high school GPA of at least 3.0;</li><li>• Demonstrate financial need;</li><li>• Demonstrate a strong capacity for achieving their goals;</li><li>• Embody the YMCA's core values of Caring, Honesty, Respect, and Responsibility.</li></ul> <p><b>Each high school in the service area of the YMCA (Ada and Canyon Counties) may nominate one student for this scholarship each year.</b></p> <p>Students who themselves are paid employees of the YMCA and meet eligibility requirements may apply even if their high school has already made its nomination.</p>	<ul style="list-style-type: none"><li>• Copy of your most recent high school transcript;</li><li>• First page of your FAFSA Student Aid Report that lists your SAI (Student Aid Index);</li><li>• List of extracurricular activities, awards, honors, certifications, and work experience;</li><li>• A written statement (no longer than 650 words) describing the following:<ul style="list-style-type: none"><li>◦ Educational and career goals;</li><li>◦ How you have demonstrated the YMCA's character values of Caring, Honesty, Respect, and Responsibility this past year and how you will do so in the future;</li></ul></li><li>• A written statement (no longer than 200 words) describing how this scholarship will impact your ability to access post-secondary education.</li><li>• Two letters of recommendation. At least one letter must be from a school principal, counselor, or teacher. One letter may be from an outside mentor such as a coach, supervisor, or faith leader, but must not be from a relative.</li><li>• Signature of School Official on school letterhead indicating that you are the selected applicant from your school.</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@ymcatvidaho.org](mailto:Scholarships@ymcatvidaho.org) *no later than 11:59pm MST on February 1<sup>st</sup>*. 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: \_\_\_\_\_

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

## **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@ymcatvidaho.org](mailto:Scholarships@ymcatvidaho.org).