



SCHOLARSHIP AT COLLEGE OF IDAHO  
2009-2010 ACADEMIC YEAR

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

High School \_\_\_\_\_

Grade Point \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_

Parents' Names \_\_\_\_\_

Proposed Major at College of Idaho \_\_\_\_\_

Activities, honors, and leadership roles that might be relevant to the scholarship (i.e. high school/  
community activities, honors and recognitions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRANSCRIPTS/TEST SCORES: Include with this application a copy of your most recent high school transcript.

STATEMENT: On an additional sheet of paper, make a statement of your educational aims, chosen career, plans for accomplishment and any other information you consider to be pertinent. Please be aware that strong emphasis by the selection committee is placed on this statement.

CERTIFICATION: I hereby certify that to the best of my knowledge, all information submitted for this scholarship is complete and correct. I authorize the Scholarship Office at College of Idaho to obtain such additional information concerning my educational program and financial circumstances as are needed to consider me for this scholarship. I also authorize Boise State University to release information, which is pertinent to this application, to others involved in providing funds related to my education. I further authorize College of Idaho to include my name when appropriate in the lists of winners to be posted on the scholarship bulletin board, and to be publicized in the news media.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

PLEASE RETURN BY MARCH 13, 2009

TO: D.L. Evans Bank  
Leisa Goodman  
Marketing Director  
906 Blue Lakes Blvd N.  
Twin Falls, ID 83301

(Copies may be made as needed)