

CSI Foundation Child Care Scholarship  
Child Care Scholarship Award Application  
FALL 2016

*Scholarship Due Date: Monday, October 17, 2016*

*Turn in completed applications to the CSI Financial Aid/Scholarship Office*

**\*Note: Applicant must be a College of Southern Idaho Student, with a cumulative 2.5 GPA.  
One application per family accepted**

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Daytime Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **CSI ID Number:** \_\_\_\_\_  
**Current Cumulative GPA:** \_\_\_\_\_ (Cumulative GPA listed on your transcript)

**All information must be completed or application will be void  
(Information is used in determining your scholarship award)**

*CSI Program (Major)*

**Self:** \_\_\_\_\_ **# of Credits Currently Enrolled in:** \_\_\_\_\_  
**Spouse:** \_\_\_\_\_ **# of Credits Currently Enrolled in:** \_\_\_\_\_

*Child Care Information*

**# of Eligible Children:** \_\_\_\_\_ **# Enrolled in State Licensed Child Care:** \_\_\_\_\_  
**Total Child Care Expense per Month:** \_\_\_\_\_ **Total Paid by Agency per Month:** \_\_\_\_\_

**Provide the below information for each child enrolled in child care. (Child must be enrolled 1 month prior to award)**

<b>Name:</b>	<b>Age:</b>	<b>Name of Center:</b>	<b>Dated Enrolled:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Name of Center:** \_\_\_\_\_ **State License #:** \_\_\_\_\_ (You must attach a copy of the license)  
**Address:** \_\_\_\_\_  
**Name of Director:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of Center:** \_\_\_\_\_ **State License #:** \_\_\_\_\_ (You must attach a copy of the license)  
**Address:** \_\_\_\_\_  
**Name of Director:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Name of Center:** \_\_\_\_\_ **State License #:** \_\_\_\_\_ (You must attach a copy of the license)  
**Address:** \_\_\_\_\_  
**Name of Director:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Please see the essay question on the next page

Answer the following question: **“What makes you an outstanding scholarship applicant?”**