

CSI Foundation Child Care Scholarship
Child Care Scholarship Award Application
FALL 2017

Scholarship Due Date: Monday, October 16 2017

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

***Note: Applicant must be a College of Southern Idaho Student, with a CSI 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)

Name:	Age:	Name of Center:	Dated Enrolled:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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Please see the essay question on the next page

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