TWIN FALLS ROTARY CHILD CARE SCHOLARSHIP
CENTER FOR NEW DIRECTIONS
College of Southern Idaho
Five $200.00 Scholarships for the 2014 Spring Semester

AWARD:

- Scholarships will be awarded for *child care expenses* and be available for the **last full month of the current semester**. Awards will be in the amount of $200 each and are made out to the recipient's child care provider.

CRITERIA:

- Current full-time CSI student
  (You must complete the semester for which you are awarded the scholarship.)
- Financial need
- Academic standing
- Household status
- Completed application form
- Priority will be given to patrons of the C.S.I. Child Care Center.

TO APPLY: Please read directions carefully and fill the application completely.

- Return completed applications to **Taylor 174** or mail to:

  Patricia Weber  
  College of Southern Idaho  
  P.O. Box 1238  
  Twin Falls ID 83303

DEADLINE:

- **DUE**: March 12, 2014 before 4:30 PM. Completed applications must be received by this date to qualify for consideration.

*If you have any questions, call Pat at 732-6688.*
TWIN FALLS ROTARY INTERNATIONAL
CHILD CARE SCHOLARSHIP APPLICATION

INSTRUCTIONS:
All four pages must be completed in full. Your advisor must complete and sign section A of the Educational Status Verification form (page 4). All information you provide is kept confidential.

I. PERSONAL DATA:

1. Name: ______________________________

2. SSN: ___________________ CSI ID #: __________________

3. Address: ________________________
   (Number and Street) (City) (Zip)

4. Home Phone: __________ Work Phone: _______ Message Phone: __________

5. Program Major: ____________________________

II. HOUSEHOLD INFORMATION:

1. List all persons residing in your household: (Use an additional sheet if necessary)

   First Name     Age     Relationship to you
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________
   __________________________

2. Is your spouse/partner a student? Yes: Pt-Time_____ F-Time_____ No____ N/A____
### III. FINANCIAL INFORMATION:

Source(s) of monthly household income and expenses. *(Fill in each blank even if zero. Divide semester financial aid/awards(s) by 4 (months) to arrive at the monthly amount.)*

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Salary/Wages</td>
<td>$________</td>
</tr>
<tr>
<td>Spouse Salary/Wages</td>
<td>$_______</td>
</tr>
<tr>
<td>Child Support</td>
<td>$________</td>
</tr>
<tr>
<td>Alimony/Maintenance</td>
<td>$_______</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$________</td>
</tr>
<tr>
<td>Social Security</td>
<td>$_______</td>
</tr>
<tr>
<td>SSI</td>
<td>$_______</td>
</tr>
<tr>
<td>Vocational Rehabilitation</td>
<td>$_______</td>
</tr>
<tr>
<td>Scholarships</td>
<td>$_______</td>
</tr>
<tr>
<td>Pell Grant</td>
<td>$_______</td>
</tr>
<tr>
<td>Student Loan</td>
<td>$_______</td>
</tr>
<tr>
<td>Welfare/TAFI</td>
<td>$_______</td>
</tr>
<tr>
<td>WIA</td>
<td>$_______</td>
</tr>
<tr>
<td>Other Public Assistance</td>
<td>$_______</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$_______</td>
</tr>
<tr>
<td>Tuition Waiver (Include CSI Dependent Waiver)</td>
<td>$_______</td>
</tr>
<tr>
<td>Work Study (Yours)</td>
<td>$_______</td>
</tr>
<tr>
<td>Work Study (Other)</td>
<td>$_______</td>
</tr>
<tr>
<td>Other Income (Describe):</td>
<td>$_______</td>
</tr>
<tr>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td></td>
<td>$_______</td>
</tr>
</tbody>
</table>

**TOTAL monthly gross income = $_______**

<table>
<thead>
<tr>
<th>Monthly Household Expenses</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing (Rent/Mortgage)</td>
<td>$_______</td>
</tr>
<tr>
<td>Clothing</td>
<td>$_______</td>
</tr>
<tr>
<td>Utilities</td>
<td>$_______</td>
</tr>
<tr>
<td>Phone</td>
<td>$_______</td>
</tr>
<tr>
<td>Food</td>
<td>$_______</td>
</tr>
<tr>
<td>Dental/Medical</td>
<td>$_______</td>
</tr>
<tr>
<td>Car Payment</td>
<td>$_______</td>
</tr>
<tr>
<td>Car Ins</td>
<td>$_______</td>
</tr>
<tr>
<td>Gas &amp; Oil</td>
<td>$_______</td>
</tr>
<tr>
<td>Child Support</td>
<td>$_______</td>
</tr>
<tr>
<td>Other Expenses (Describe):</td>
<td>$_______</td>
</tr>
<tr>
<td></td>
<td>$_______</td>
</tr>
<tr>
<td></td>
<td>$_______</td>
</tr>
</tbody>
</table>

**TOTAL monthly expenses = $_______**

1. **Do you receive housing assistance?**  
   - Yes $________/month  
   - No _______

2. **If you receive housing assistance, who is the provider?**  
   - ________________

3. **Do you receive Medicaid/Medicare?**  
   - Yes _______
   - No _______

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IV. CHILD CARE INFORMATION:

1. Name of child care provider: __________________________________________
2. Address: ___________________________________ City: ___________ Phone: ___________
3. Number of children requiring child care: ______________
4. What is your total monthly child care cost: $___________
5. Do you receive child care assistance: Yes $______________/per month    No__________
   ➢ If Yes, from whom do you receive child care assistance? ______________________________

V. ABOUT YOU:

Please tell us about yourself and why you need this scholarship: (Use an additional sheet if necessary)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
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__________________________________________________________________________________

rev. 02/27/14
VI. EDUCATIONAL STATUS VERIFICATION:

A. To be completed by your advisor:

1. Student Name: ________________________________________________

2. Estimated midterm GPA: ________________________________________

3. Cumulative GPA: _____________________________________________

_________________________________________________________________

ADVISOR’S SIGNATURE                                          DATE

B. To be completed by applicant:

1. Number of credits you are taking this semester: ________________

2. Anticipated graduation date: ________________________________

3. Major: ______________________________________________________

_________________________________________________________________

STUDENT’S SIGNATURE                                          DATE