

CSI Foundation Child Care Scholarship
Child Care Scholarship Award Application
SPRING 2015

Scholarship Due Date: Friday, March 13, 2015

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)*

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: _____	
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 and outstanding scholarship applicant?”**