

## Additional Admissions and Scholarship Information

### Submit by the February 15 Scholarship Deadline

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ optional

(Federal financial aid applicants should list a valid social security number to avoid processing delays)

For **PRIORITY** scholarship consideration, send required transcripts and test scores by February 15.

If you hold one of these positions at your high school, please have your high school counselor sign below to verify.

Student Body President ☐ Yes ☐ No Senior Class President ☐ Yes ☐ No Honor Society President ☐ Yes ☐ No 4H/FFA position ☐ Yes ☐ No

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

School activities, accomplishments, and leadership positions: \_\_\_\_\_

\_\_\_\_\_

Honors/awards: \_\_\_\_\_

Community service activities: \_\_\_\_\_

\_\_\_\_\_

Work experience: \_\_\_\_\_

\_\_\_\_\_

Career goals: \_\_\_\_\_

\_\_\_\_\_

### Idaho residents only

The following information is requested in order to identify applicants for scholarships limited to Idaho residents. While you are not required to complete this section, completion will allow consideration for the scholarships.

☐ Yes ☐ No Are you a migrant worker or other seasonal farm worker or a dependent of a migrant farm worker?

☐ Yes ☐ No Do you have a disability as defined in the Rehabilitation Act of 1973 or in the Americans with Disabilities Act of 1990?

List city and state of birth: \_\_\_\_\_

**Reminder:** To receive full consideration for **NEED-BASED** scholarships and other financial aid, you must submit a processed Free Application for Federal Student Aid (FAFSA), which must be **received** by the U.S. Dept. of Education Federal Processor by **February 15** prior to the school year you plan to attend.

#### Parent Information:

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ If Idaho resident, number of years, months: \_\_\_\_\_

Employer: \_\_\_\_\_ Memberships in organizations: \_\_\_\_\_

Email Address: \_\_\_\_\_

If father attended the University of Idaho, list campus activities, living group affiliations: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ If Idaho resident, number of years, months: \_\_\_\_\_

Employer: \_\_\_\_\_ Memberships in organizations: \_\_\_\_\_

Email Address: \_\_\_\_\_

If mother attended the University of Idaho, list campus activities, living group affiliations: \_\_\_\_\_