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| OFFICIAL USE ONLY | |
| ID# _____ | DATE _____ |
| LEGACY APPROVED _____ | |
| # OF C of I CREDITS _____ | |

Financial Aid / Scholarship Application

The following information is supplementary to the Free Application for Federal Student Aid (FAFSA). Special institutional scholarships and awards are determined from this application. This form is mandatory to receive any financial aid from The College of Idaho. All forms and materials should reach The College of Idaho as soon as possible after completing the application for admission.

Priority deadline: February 15

Section 1

Student Information

Name _____ Social Security # _____

Male Female Date of Birth _____ High School Attended _____

Permanent Mailing Address _____

Home Phone Number _____ Cell _____ Email Address _____

Anticipated College of Idaho graduation date _____ Major(s) _____

Will you attend summer school? Yes No If yes, where? _____

Enrollment Status: New Freshman Transferring from _____ Approx # of credits _____

Already have a bachelor's degree

Part-time student How many credits? _____

Section 2

Application for federal aid programs (www.fafsa.gov)

All federal aid programs require the filing of the Free Application for Federal Student Aid (FAFSA). Complete all portions of the FAFSA application. We encourage all families to file the FAFSA form for consideration for all possible assistance available to students.

The College of Idaho's Federal ID Code: 001617

I am applying for aid based on need and have submitted or will submit the Free Application for Federal Student Aid form (FAFSA) to the federal processor:

Yes Date Completed _____ No

Section 3

Family Information

Write the names of all family members. Also, write the name of the college for any family member who will be attending college at least half-time and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

| Full Name | Age | Relationship | College Attending |
|----------------------|-----|--------------|--------------------|
| example: Janet Jones | 51 | Mother | Central University |
| | | | |
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Section 4

Application for The College of Idaho special assistance programs

Please indicate your interest/qualification. Please refer to our website for more complete descriptions of the following scholarships.

Legacy Scholarship (Must be parent or grandparent)

Who is the alumnus? Name _____

Relationship to student _____ Years Attended _____ # of credits earned _____

Degrees completed: _____

Sibling Scholarship (Legacy Scholarship recipients do not qualify for Sibling Scholarship)

Name of sister or brother who is, or has attended The College of Idaho _____

Performance Scholarships

Debate Music Baseball Basketball Cross Country Skiing Soccer Golf

Theater Art Christian Leadership Volleyball Softball Swimming Tennis

The following applications are available on the College website: www.collegeofidaho.edu/administration/FinAid/pdf.asp?ID=offices

Lienhart-Minnick Scholarship (due Feb. 15)

Whittenberger Fellows Scholarship (due Feb. 15)

Presbyterian Scholarship (due Feb. 15)

Some students who are connected to certain corporations may qualify for scholarships specific to those corporations. For this reason, please indicate your parents' place of employment.

Father's employer _____

Mother's employer _____

Section 5

Refund Policy

Refund policy information is listed in the The College of Idaho General Catalog. Information concerning this policy is also available from the Business Office.

Section 6

Student release and signature

I authorize the release of information by The College of Idaho regarding my academic progress and financial circumstances, if applicable, to any agency, organization, or individual who requests such information for the purpose of determining my eligibility for scholarships/financial assistance.

Student's signature _____ Date _____

Name of student printed _____



Student Financial Aid Services

2112 Cleveland Blvd. Box # 39

Caldwell, Idaho 83605-4432

208.459.5380

www.collegeofidaho.edu