



Eastern Idaho Technical College Foundation

Scholarship Application

Due February 13, 2015

Applications are due by 5:00pm (MST) to the EITC Foundation Office

How to apply:

Thank you for your interest in the Eastern Idaho Technical College Foundation Scholarships. Scholarships are made available to EITC Students and prospective students through local individuals, businesses, community organizations and private foundations. Please follow the five (5) steps listed below and submit your Scholarship Application Packet to the EITC Foundation **by hand** (Room 335 in the John E. Christofferson Multipurpose Complex), **by mail** (EITC Foundation, 1600 E. 25th S., Idaho Falls, ID, 83404), **by fax** (208-524-3007) or **by e-mail** (scholarships@my.eitc.edu). *Please do not staple.* The Foundation looks forward to receiving your application.

Steps to apply:

- Step 1: New students must apply for admission to EITC prior to submitting a scholarship application
- Step 2: Complete the Scholarship Application in its entirety. **Incomplete applications will not be considered.**
- Step 3: Complete a personal statement that addresses the following items (no longer than 2 typed double spaced pages):
 - a) What are your educational goals and how will this scholarship help you to attain them?
 - b) Why did you choose Eastern Idaho Technical College for your education?
 - c) How will your education contribute positively to your potential employment and the community at large?
 - d) Describe any community service that you have been involved in.
 - e) Please provide additional information that you would like the Selection Committee to consider including need.
- Step 4: Submit one (1) letter of recommendation from a non-family member that addresses the following:
 - a) Strengths, leadership attributes and characteristics that qualify you as a scholarship recipient
 - b) Academic achievements
 - c) Additional information that you would like the Scholarship Committee to consider.
- Step 5: Submit the scholarship application, letter of recommendation, and personal statement to the EITC Foundation **by hand** (Room 335 in the John E. Christofferson Multipurpose Complex), **by mail** (EITC Foundation, 1600 E. 25th S., Idaho Falls, ID, 83404), **by fax** (208-524-3007) or **by e-mail** (scholarships@my.eitc.edu).

Scholarship Application

Contact Information:

Last Name: _____ First Name: _____ MI: _____

Previous Name (if Different): _____ Gender: Male Female Student ID #: _____

Mailing Address: _____ City/State: _____ Zip: _____

Primary Phone #: _____ Student E-mail: _____

Social Security #: _____ Hometown: _____ Are you an Idaho Resident? : Yes No

High School or GED Information:

I graduated High School: Yes No Graduation Year _____ Cumulative High School GPA: _____

Name of High School: _____ High School City: _____ State: _____

OR

I completed a GED: Yes No Year of completion: _____ Average Score of GED: _____

Have you participated in Eastern Idaho Technical College's Adult Basic Education Program? Yes No

EITC Foundation 1600 S. 25th E. Idaho Falls, Idaho 83404 P: 208-527-0464 F: 208-524-3007

College Information:

Please provide information for any colleges you have attended including EITC (list most recent first):

Name of College/University: _____ City: _____ State: _____

Cumulative GPA: _____ Did you earn a college degree? Yes No If Yes, what type: _____

Additional Colleges: _____ City: _____ State: _____

Cumulative GPA: _____ Did you earn a college degree? Yes No If Yes, what type: _____

I will be attending EITC: Full Time (12+ credits/semester) 3/4 Time (9-11 credits/semester)
 Part Time(6-8 credits/ semester) Part Time (No Credit) (CNA or WFT)

Will this be your first semester attending EITC? Yes No Expected EITC Graduation Date: _____

Please select all that apply (Optional):

- | | |
|---|---|
| <input type="radio"/> U.S. Veteran | <input type="radio"/> First generation college student |
| <input type="radio"/> Migrant/seasonal farm worker or dependent thereof | <input type="radio"/> Reside in an Intermountain Gas service area |
| <input type="radio"/> Hispanic | <input type="radio"/> Re-entering the workforce |
| <input type="radio"/> Native American | <input type="radio"/> Single parent |
| <input type="radio"/> African-American | <input type="radio"/> Disability (Must be documented in EITC Disability Services) |

Please select your program:

- | | | |
|--|--|--|
| <input type="radio"/> AAC Accounting | <input type="radio"/> MAT Automotive Technologies | <input type="radio"/> CNA Certificated Nursing Assistant |
| <input type="radio"/> BUS Business Technologies | <input type="radio"/> MDT Diesel Technologies | <input type="radio"/> DA Dental Assisting |
| <input type="radio"/> CNT Computer Network Tech | <input type="radio"/> PTD Professional Truck Driving | <input type="radio"/> MA Medical Assisting |
| <input type="radio"/> LGL Legal Technologies | <input type="radio"/> APP Apprentices Programs | <input type="radio"/> PN Practical Nursing |
| <input type="radio"/> MAM Marketing & Management | <input type="radio"/> ESTEC Energy Systems | <input type="radio"/> RN Registered Nursing |
| <input type="radio"/> OFP Office Professional | <input type="radio"/> WLD Welding Technologies | <input type="radio"/> ST Surgical Technology |
| <input type="radio"/> WDT Web Development Tech | | <input type="radio"/> Other _____ |

I certify that the information provided on this application is true and correct to the best of my knowledge. I give my consent to forward information regarding my academic records to the EITC Scholarship Committee or to the appropriate individuals for the purpose of consideration/selection. I understand that I must maintain satisfactory academic progress as defined by the scholarship awarded. I am aware that scholarships may affect any outside funding agency disbursements.

If I receive a scholarship, I agree to fulfill certain obligations related to the scholarship including, but not limited to:

- Attending the EITC Annual Scholarship Ceremony in late April
- Providing thank you notes to your scholarship donor
- Attending the EITC Scholarship Orientation (dates to be provided upon award)
- Maintaining academic eligibility (Please see academic standards/probation in the 15' - 16' EITC Catalog)

If I do not fulfill these obligations as required by the EITC Foundation I am aware that I may lose my scholarship. I am also aware that it is my responsibility to communicate changes in my academic credit status, contact information and academic plans to the Foundation (including change of program, graduation date, etc.) in a timely manner.

Signature: _____ Date: _____

Your EITC Cumulative GPA and Student ID # can be found on your WebAdvisor account. If you do not have a cumulative GPA or Student ID #, please write "n/a" in the appropriate spaces

