APPLICATION & SELECTION PROCESS
To apply for the Nontraditional Scholarship you must:
1. Be a student enrolled in a nontraditional Certificate or Associate degree program by the application deadline.
2. Demonstrate financial need. It is necessary for you to complete the financial statement thoroughly and clearly in order for financial need to be determined.
3. Submit two (2) letters of recommendation. The attached sheets are for this purpose. Preference given to letters of recommendation from current or former employers, instructors, and other professionals.
4. Include a typed personal statement. Write a statement about your educational goals, career path, plans for accomplishment, your background, and other information you feel is pertinent. (Strong emphasis is put on this section of the application by the Selection Committee).
5. Attach a current grade list and schedule.
6. Complete the attached Release of Information form.
7. EXTREMELY IMPORTANT - It is your responsibility to make sure that your application is complete and accurate. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. If you have questions, please contact the Center for New Directions office at 208-732-6688.
8. Recipients will be chosen by the Center for New Directions Scholarship Committee.
9. Minimum 2.5 GPA is required. Requirement is waived for new students.
10. This scholarship is for one semester. If you wish to apply for a scholarship for additional semesters, you must submit a new application each time. You may submit the references and personal statement from your initial application but it is your responsibility to include them in your application.

SCHOLARSHIP RECIPIENT REQUIREMENTS AND CONDITIONS:
1. You must meet with the CND Director to discuss scholarship conditions, program progress, identify any problem areas, and complete a CND intake before scholarship funds will be released.
2. At the end of the semester, you must provide the Center with a personal statement about how receiving the award has impacted your life/school experience and include a thank you to the Center for New Directions.
3. Failure to fulfill the above requirements will result in ineligibility for the scholarship the following semester.
4. Opportunities for assisting the CND with special projects may become available and you are encouraged to take advantage of them.
5. Notify the Center for New Directions if you withdraw from your program.

This application is for the upcoming semester only. If you would like to be considered for this scholarship at another time, please resubmit your application following the criteria for eligibility guidelines on this page.
Please check circle one
Full-time Student
Part-time Student

CENTER FOR NEW DIRECTIONS
College of Southern Idaho, 315 Falls Ave, PO Box 1238
Twin Falls, ID 83303

Career Pioneer Scholarship Application

Name_________________________________________CSI ID# _______________________

Address__________________________________________________________

City State Zip

Email Address_________________________________________Phone ______________

Program___________________________________________________________Date entered program ______________

Planned Graduation Date: _________________ Degree: (Circle one) Technical Certificate Associates Degree

What semester are you applying for? (Circle one)
Fall Spring

Registered # of Credits: ____________ Year: ______________

Gender: (Circle one) Female Male

Marital Status: (Circle one) Single Married Divorced

If yes: □ Full-time □ Full-time

Are you employed? □ Yes □ No Is spouse employed? □ Yes □ No
If yes, how many hours/week? ________ If yes, how many hours/week? ________

Job Title ____________________________ Job Title ____________________________

Employer ____________________________ Employer ____________________________

Address ____________________________ Address ____________________________

Monthly Earnings (gross) ____________ Monthly Earnings (gross) ____________

The following financial information only pertains to the semester you are applying for:

How many people live in your household? Please list their names and their relationship to you:

Name Relationship

__________________________________________

__________________________________________

__________________________________________

__________________________________________
Financial Statement

Please be aware that receiving this scholarship may affect other financial aid awards or assistance you receive. Please complete accurately for the upcoming semester.

<table>
<thead>
<tr>
<th>Monthly Expenses</th>
<th>Monthly Resources (Monthly, Semester, or Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Your Salary</td>
</tr>
<tr>
<td>Gas/Heating</td>
<td>Aid from family</td>
</tr>
<tr>
<td>Clothing</td>
<td>VA/DVA benefits</td>
</tr>
<tr>
<td>Phone</td>
<td>Unemployment compensation</td>
</tr>
<tr>
<td>Water</td>
<td>Work Study</td>
</tr>
<tr>
<td>Food</td>
<td>Please list any other sources of income:</td>
</tr>
<tr>
<td>Medical/Dental</td>
<td></td>
</tr>
<tr>
<td>Car Payment</td>
<td></td>
</tr>
<tr>
<td>Debt payment</td>
<td></td>
</tr>
<tr>
<td>Child care</td>
<td></td>
</tr>
<tr>
<td>Other expenses (specify):</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL MONTHLY EXPENSES: ______________________  TOTAL MONTHLY RESOURCES: ______________________

| Total Monthly Resources: $ ______________      | Federal Financial Aid ______________________ |
| Minus...                                | WIA _______________________________         |
| Total Monthly Expenses: $ ______________     | Pell Grant ______________________________  |
| Equals...                                | Student Loans ___________________________   |
| Monthly Net Resources: $ ______________     | Campus based aid __________________________ |
|                                          | Other scholarships __________________________|
|                                          | Savings _________________________________    |
|                                          | Please list make, model, and year of vehicles you own: ______________________________ |

<table>
<thead>
<tr>
<th>Owe to</th>
<th>Purpose</th>
<th>Balance</th>
<th>Monthly Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan #1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Loan #2</td>
<td></td>
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<tr>
<td>Loan #3</td>
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</tbody>
</table>

Attach an additional sheet if necessary

I certify that all information provided on this application is true and correct. I hereby give permission to the ISU Financial Aid Office, ISU Scholarship Office, and to ISU Business Offices to provide information to the Center for New Directions Scholarship Committee to verify that this information is accurate.

If I am awarded a CND Nontraditional scholarship and I withdraw from my COT Nontraditional program or transfer into a Traditional program of study, I will notify the Center for New Directions and I may be required to return the scholarship funds. I will contact CND to arrange a repayment plan.

Your signature ______________________________ Date ___/___/___
Letter of Recommendation

Thank you for writing a letter of recommendation for

___________________________________________

Please use your personal knowledge of this candidate to respond to the following questions.

1. How long have you known the candidate? __________

   What capacity?
   _____ Employer/Supervisor: ________________________________
       Business name
   _____ Instructor: _________________________________________
       Course Title/Program
   _____ Other: _____________________________________________
       Clergy, non-family member, etc....

2. Please rate the candidate in the following areas: Scale: A, B, C, D, F

   A. The applicant is motivated __________

   B. The applicant has demonstrated a strong sense of responsibility. __________

   C. The applicant has demonstrated a strong sense of character. __________

   D. The applicant has clear goals. __________

3. What is your personal knowledge of the candidate’s educational goals. (Consider any barriers or difficulties you know that this person has overcome.)

4. Are there any additional recommendations you would like to mention that you think the selection committee should know about the candidate?

Recommender’s Name ___________________________ Date: ________________

Phone: ___________________________ email: ___________________________
Letter of Recommendation

Thank you for writing a letter of recommendation for

___________________________________________

Please use your personal knowledge of this candidate to respond to the following questions.

1. How long have you known the candidate? __________
   
   What capacity?
   
   ____Employer/Supervisor: ____________________________
   
   Business name
   
   ____Instructor: ____________________________
   
   Course Title/Program
   
   ____Other: ____________________________
   
   Clergy, non-family member, etc...

2. Please rate the candidate in the following areas: Scale: A, B, C, D, F
   
   A. The applicant is motivated __________
   
   B. The applicant has demonstrated a strong sense of responsibility. __________
   
   C. The applicant has demonstrated a strong sense of character. __________
   
   D. The applicant has clear goals. __________

3. What is your personal knowledge of the candidate’s educational goals. (Consider any barriers or difficulties you know that this person has overcome.)

4. Are there any additional recommendations you would like to mention that you think the selection committee should know about the candidate?

Recommender’s Name__________________________ Date: __________

Phone: ____________________________ email: ____________________________
Center for New Directions

Scholarship Release of Information Form

It will be necessary for the Center for New Directions (CND) personnel to discuss aspects of your scholarship application with members of the CND Scholarship Selection Committee. It is understood that such information will be shared only with qualified personnel and that all information will be kept strictly confidential.

I, ___________________________, hereby give permission for CND personnel to communicate with members of the CND Scholarship Selection Committee.

Student’s Signature

________________________________________

________________________________________

Student’s Printed Name

________________________________________

Date