



IDAHO COMMUNITY FOUNDATION

James and Rose Helebrant Education Scholarship Fund

Deadline: March 15th

<u>Who Can Apply?</u>	<u>Required Application Materials</u>
<ul style="list-style-type: none">• Graduating senior from Buhl High School;• Demonstrates financial need, as documented on the FAFSA.	<ul style="list-style-type: none">• Copy of your most recent unofficial transcript;• A written statement (1-3 pages in length) describing the following:<ul style="list-style-type: none">○ Educational, career goals and objectives;○ Extra-curricular activities, volunteerism, awards, honors, and/or offices held;○ Work experience and if you plan to work while attending college;○ Why you should be selected for this scholarship.• First page of your FAFSA Student Aid Report that lists your Student Aid Index (SAI).

Application Instructions:

- Complete this application and attach the *Required Application Materials* listed above.
- **Combine ALL materials into a single PDF attachment.** Google docs will not be accepted.
- Email completed PDF applications to scholarships@idahocf.org *no later than 11:59pm MST on March 15th.* Late/Incomplete applications will not be considered.

APPLICANT INFORMATION

Your Name: _____

Mailing Address: _____

City/State/ZIP: _____

Permanent Address (if different than above): _____

Personal Email: _____

Cell Phone: _____

Date of Birth: _____

SCHOOL INFORMATION

High School Name: _____ City/State: _____

High School Cumulative Unweighted GPA: _____

Anticipated Date of Graduation: _____

Please list the post-secondary institution you plan to attend: _____

Have you been accepted? _____

Anticipated annual cost of attendance: _____

What field do you plan to study? _____

CERTIFICATION

By submitting this application (written or electronically) I consent to the gathering, use and releasing of my information by the Idaho Community Foundation as it relates to the funding of the scholarships. I understand the information is needed for the purpose of the scholarship payments and for normal business operations of the agency. This consent is valid for three years from the date signed, unless I revoke this consent, in writing, to the extent of the information already shared. I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature (Typed or Written) _____ Date _____

If selected for a scholarship, you will be notified by email.

Questions?

Email scholarships@idahocf.org or call (208) 342-3535.