



P.O. BOX 1238

TWIN FALLS IDAHO 83303-1238

(208) 732-6645

**Evening Hours Child Care Scholarship Application for children 2½-6 years old**

**Single parents are encouraged to apply**  
Scholarships provided by the Albertson Foundation

**Deadline:** Monday, January 17<sup>th</sup> 2017, or later, based upon availability  
**Submit to:** [jpatterson@csi.edu](mailto:jpatterson@csi.edu) or CSI Early Learning Center (1112 Frontier Rd.)  
**Criteria:** Maintain a 2.0 GPA or higher  
**Cost:** \$150.00 per semester, per child, with scholarship award  
**All sections of the application must be filled out**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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**Hours of Care:** Monday-Thursday 5:30 pm-10:00 pm

**Please list the days and times you will need child care:** \_\_\_\_\_

**Part I: Student/Parent Information**

**Date:** \_\_\_\_\_

**Student/Parent Name:** \_\_\_\_\_ **CSI ID#:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **High School Graduation Year:** \_\_\_\_\_

**Current Cumulative GPA:** \_\_\_\_\_

**Intended Field of Study:** \_\_\_\_\_

**Anticipated Graduation Date:** \_\_\_\_\_

**Are you or any member of your family an employee of CSI?** \_\_\_\_\_

**Race/Ethnicity: (optional)**

- \_\_\_\_\_ African American/Black
- \_\_\_\_\_ American Indian/Native American/Alaskan Native
- \_\_\_\_\_ Asian American
- \_\_\_\_\_ Caucasian/White
- \_\_\_\_\_ Hispanic/Latino/Latina
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ Other \_\_\_\_\_

**Married or Single:** \_\_\_\_\_ **Yearly Income:** \_\_\_\_\_

**Part II: On a separate sheet of paper, answer the following question.**

- What makes you an outstanding scholarship applicant?