

APPLICATION FOR I.S.G.C.B.I. SCHOLARSHIP

NAME (PLEASE PRINT): _____

HOME ADDRESS: _____ CITY: _____

ZIP: _____ PHONE: _____ BIRTH DATE: _____

(1) ARE YOU A GAY IDAHO STUDENT? (1) YES NO

(2) ARE YOU A RESIDENT OF THE STATE OF IDAHO? (2) YES NO

(3) ARE YOU CURRENTLY ENROLLED IN A HIGH SCHOOL, COLLEGE, UNIVERSITY, OR TRADE SCHOOL? (3) YES NO

NAME: _____

(4) ARE YOU SEEKING ENROLLMENT IN A HIGH SCHOOL, COLLEGE, UNIVERSITY, OR TRADE SCHOOL? (4) YES NO

NAME: _____

*[*APPLICANT MUST ATTACH PROOF OF ENROLLMENT PRIOR TO HIS/HER RECEIPT OF THE MEMORIAL SCHOLARSHIP FUNDS. *APPLICATION IS BASED ON ACADEMICS AND COMMUNITY SERVICE. *ONCE RECEIVED, MEMORIAL SCHOLARSHIP FUNDS ARE THE PROPERTY OF THE RECIPIENT UNLESS SAID RECIPIENT DROPS OUT OF HIS/HER SCHOOL THAT SEMESTER, WHERE UPON ALL MEMORIAL SCHOLARSHIP FUNDS SHALL BE REPAID TO I.S.G.C. MEMORIAL SCHOLARSHIP FUND. *MEMORIAL SCHOLARSHIP SHALL BE A MINIMUM OF ONE HUNDRED DOLLARS (\$100.00) AND A MAXIMUM OF FIVE HUNDRED DOLLARS (\$500.00) PER RECIPIENT EACH YEAR. *I.S.G.C.B. I. BOARD OF DIRECTORS SHALL DECIDE THE NUMBER OF MEMORIAL SCHOLARSHIPS GIVEN EACH YEAR AND THE AMOUNT OF EACH MEMORIAL SCHOLARSHIP. *THE NAMES OF THE RECIPIENTS OF THE MEMORIAL SCHOLARSHIP WILL BE ANNOUNCED AT THE ANNUAL CORONATION. *APPLICANTS WILL RECEIVE A FREE CORONATION TICKET AND MUST BE PRESENT TO RECEIVE THE SCHOLARSHIP AT THE ANNUAL CORONATION OR THE RECIPIENT WILL FORFEIT THE SCHOLARSHIP.]*

BRIEFLY DESCRIBE YOUR COMMUNITY SERVICE ACTIVITIES:

SIGNATURE: _____ DATE: _____

[PLEASE MAIL TO I.S.G.C.B.I., PO BOX 6338, BOISE, ID 83707, BY JUNE 24, 2019]

PRIVY COUNCIL ACTION: APPROVED YES NO

APPROVED SCHOLARSHIP AMOUNT \$_____.__ DATE OF APPROVAL ___/___/___

BOARD PRESIDENT: _____ DATE FUNDS RELEASED ___/___/___